

69 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,813	16,596	\$ 875,209.53	\$ 52.74	240.522	\$ 229.53	\$ 12684.20
@PHYSICIANS SERVICES	17	60	\$ 1,270.45	\$ 21.17	.870	\$ 74.73	\$ 18.41
OUTPATIENT VISITS	2	2	74.90	37.45	.029	37.45	1.09
OFFICE VISITS	1	1	30.30	30.30	.014	30.30	.44
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.014	44.60	.65
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	6	227.90	37.98	.087	75.97	3.30
HOSPITAL VISITS	3	6	227.90	37.98	.087	75.97	3.30
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	14	52	967.65	18.61	.754	69.12	14.02
@PHARMACY	528	4,055	\$ 95,296.10	\$ 23.50	58.768	\$ 180.49	\$ 1381.10
PRESCRIPTION DRUGS	524	768	94,648.15	123.24	11.130	180.63	1371.71
SNF/ICF	95	155	17,760.46	114.58	2.246	186.95	257.40
OUTPATIENTS	430	613	76,887.69	125.43	8.884	178.81	1114.31
MEDICAL SUPPLIES	7	3,287	647.95	.20	47.638	92.56	9.39
@DENTIST	1,330	5,655	\$ 306,269.70	\$ 54.16	81.957	\$ 230.28	\$ 4438.69
VISITS - DIAGNOSTIC	835	3,266	40,661.16	12.45	47.333	48.70	589.29
ORAL SURGERY	224	688	34,988.34	50.86	9.971	156.20	507.08
DRUGS	1	1	15.00	15.00	.014	15.00	.22
ANESTHESIA	17	18	1,611.00	89.50	.261	94.76	23.35
PERIODONTICS	86	85	14,660.00	172.47	1.232	170.47	212.46
ENDODONTICS	55	70	15,799.00	225.70	1.014	287.25	228.97
RESTORATIVE DENTISTRY	298	831	76,593.00	92.17	12.043	257.02	1110.04
PROSTHETICS	6	7	200.00	28.57	.101	33.33	2.90
DENTURES, STAYPLATES	282	673	121,642.20	180.75	9.754	431.36	1762.93
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	100.00	100.00	.014	100.00	1.45
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	15	15	.00	.00	.217	.00	.00

MONTEREY COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED				AID CODE 10		----- MONTHLY AVERAGE -----		
69 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	5	10	\$ 227.93	\$ 22.79	.145	\$ 45.59	\$ 3.30		
DIAGNOSTIC AND ANC. PROCED	1	1	10.00	10.00	.014	10.00	.14		
EYE APPLIANCES	3	9	149.03	16.56	.130	49.68	2.16		
OTHER OPTOMETRIC SERVICES	1	0	68.90	.00	.000	68.90	1.00		
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00		
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00		
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00		
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00		
OTHER	0	0	.00	.00	.000	.00	.00		
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00		
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00		
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00		
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00		
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00		
@TOTAL HOSPITAL	9	82	\$ 15,334.34	\$ 187.00	1.188	\$ 1703.82	\$ 222.24		
HOSP INPATIENT TOTAL	7	80	14,780.43	184.76	1.159	2111.49	214.21		
HSC HOSPITALS	1	7	4,700.00	671.43	.101	4700.00	68.12		
NON-HSC HOSPITAL TOTAL	0	0	46.17CR	.00	.000	.00	.67CR		
ACCOMMODATIONS	0	0	44.79CR	.00	.000	.00	.65CR		
ADMINISTRATIVE DAYS	0	0	44.79CR	.00	.000	.00	.65CR		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00		
ANCILLARIES	0	0	1.38CR	.00	.000	.00	.02CR		
INPATIENT CROSSOVERS	6	73	10,126.60	138.72	1.058	1687.77	146.76		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
HOSP OUTPATIENT TOTAL	2	2	553.91	276.96	.029	276.96	8.03		
MEDICAL	0	0	8.79	.00	.000	.00	.13		
SURGERY	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	0	0	8.64	.00	.000	.00	.13		
RADIOLOGY	0	0	46.66	.00	.000	.00	.68		
ROOM USE	0	0	10.88	.00	.000	.00	.16		
CROSSOVERS/ALL OTH OUTPTNT	2	2	478.94	239.47	.029	239.47	6.94		
@COUNTY HOSPITAL TOTAL	2	12	\$ 4,971.06	\$ 414.26	.174	\$ 2485.53	\$ 72.04		
CO HOSPITAL INPATIENT TOTAL	2	12	4,971.06	414.26	.174	2485.53	72.04		
HSC HOSPITALS	1	7	4,700.00	671.43	.101	4700.00	68.12		
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00		
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00		
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00		
ANCILLARIES	0	0	.00	.00	.000	.00	.00		
INPATIENT CROSSOVERS	1	5	271.06	54.21	.072	271.06	3.93		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00		
MEDICAL	0	0	.00	.00	.000	.00	.00		
SURGERY	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	0	0	.00	.00	.000	.00	.00		

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
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MONTEREY COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED						AID CODE 10
					----- MONTHLY AVERAGE -----		
69 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	70	\$ 10,363.28	\$ 148.05	1.014	\$ 1480.47	\$ 150.19
COMM HOSP INPATIENT TOTAL	5	68	9,809.37	144.26	.986	1961.87	142.16
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	46.17CR	.00	.000	.00	.67CR
ACCOMMODATIONS	0	0	44.79CR	.00	.000	.00	.65CR
ADMINISTRATIVE DAYS	0	0	44.79CR	.00	.000	.00	.65CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	1.38CR	.00	.000	.00	.02CR
INPATIENT CROSSOVERS	5	68	9,855.54	144.93	.986	1971.11	142.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	2	553.91	276.96	.029	276.96	8.03
MEDICAL	0	0	8.79	.00	.000	.00	.13
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	8.64	.00	.000	.00	.13
RADIOLOGY	0	0	46.66	.00	.000	.00	.68
ROOM USE	0	0	10.88	.00	.000	.00	.16
CROSSOVERS/ALL OTH OUTPTNT	2	2	478.94	239.47	.029	239.47	6.94
@STATE HOSPITAL	0	0	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	31	\$ 3,829.07	\$ 123.52	.449	\$ 1914.54	\$ 55.49
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	31	3,829.07	123.52	.449	1914.54	55.49
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	2CR	\$ 2,386.86	\$ 1193.43CR	.029CR	\$ 2386.86	\$ 34.59
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	2CR	2,386.86	1193.43CR	.029CR	2386.86	34.59
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	3CR	\$ 10.22CR	\$ 3.41	.043CR	.00	\$.15CR
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	3CR	10.22CR	3.41	.043CR	.00	.15CR
@ORGANIZED OUTPATIENT CLINIC	768	1,096	\$ 87,238.43	\$ 79.60	15.884	\$ 113.59	\$ 1264.33
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	768	1,096	87,238.43	79.60	15.884	113.59	1264.33
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69 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,342	5,612	\$ 363,366.87	\$ 64.75	81.333	\$ 270.77	\$ 5266.19
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	9	152.93	16.99	.130	152.93	2.22
AMBULANCES/AIR TRANS	1	9	152.93	16.99	.130	152.93	2.22
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	79	1,075	71,672.19	66.67	15.580	907.24	1038.73
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	652	2,949	273,717.17	92.82	42.739	419.81	3966.92
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	643	1,377	17,204.24	12.49	19.957	26.76	249.34
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	3	29.49	9.83	.043	14.75	.43
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	4	199	590.85	2.97	2.884	147.71	8.56
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	28	57	\$ 14,772.57	\$ 259.17	.826	\$ 527.59	\$ 214.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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FEE-FOR-SERVICE/DENTAL

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MONTEREY COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	447	5,302	\$ 203,224.17	\$ 38.33	662.750	\$ 454.64	\$ 25403.02
@PHYSICIANS SERVICES	34	61	\$ 4,164.70	\$ 68.27	7.625	\$ 122.49	\$ 520.59
OUTPATIENT VISITS	18	20	1,386.40	69.32	2.500	77.02	173.30
OFFICE VISITS	8	8	767.70	95.96	1.000	95.96	95.96
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	186.93	62.31	.375	62.31	23.37
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	9	431.77	47.97	1.125	53.97	53.97
INPATIENT VISITS	1	1	111.56	111.56	.125	111.56	13.95
HOSPITAL VISITS	1	1	111.56	111.56	.125	111.56	13.95
CRITICAL CARE	0	0	.00	.00	.000	.00	.00

SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	6		376.30	62.72	.750	62.72	47.04
EXAMINATIONS	6	6		376.30	62.72	.750	62.72	47.04
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	9		186.46	20.72	1.125	186.46	23.31
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	9		186.46	20.72	1.125	186.46	23.31
OUTPATIENT SURGERY	5	9		1,700.89	188.99	1.125	340.18	212.61
PRINCIPAL SURGEON	4	7		1,573.27	224.75	.875	393.32	196.66
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2		127.62	63.81	.250	127.62	15.95
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	1		23.21	23.21	.125	23.21	2.90
RADIOLOGY	6	9		60.45	6.72	1.125	10.08	7.56
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	6		319.43	53.24	.750	79.86	39.93
@PHARMACY	163	2,370	\$	66,381.36	\$ 28.01	296.250	\$ 407.25	\$ 8297.67
PRESCRIPTION DRUGS	144	245		58,720.38	239.68	30.625	407.78	7340.05
SNF/ICF	2	2		38.15	19.08	.250	19.08	4.77
OUTPATIENTS	144	243		58,682.23	241.49	30.375	407.52	7335.28
MEDICAL SUPPLIES	39	2,125		7,660.98	3.61	265.625	196.44	957.62
@DENTIST	91	425	\$	16,756.94	\$ 39.43	53.125	\$ 184.14	\$ 2094.62
VISITS - DIAGNOSTIC	67	274		3,847.34	14.04	34.250	57.42	480.92
ORAL SURGERY	13	28		1,198.00	42.79	3.500	92.15	149.75
DRUGS	4	6		150.00	25.00	.750	37.50	18.75
ANESTHESIA	5	4		100.00	25.00	.500	20.00	12.50
PERIODONTICS	4	5		1,000.00	200.00	.625	250.00	125.00
ENDODONTICS	2	2		286.00	143.00	.250	143.00	35.75
RESTORATIVE DENTISTRY	18	70		4,087.00	58.39	8.750	227.06	510.88
PROSTHETICS	1	1		30.00	30.00	.125	30.00	3.75

DENTURES, STAYPLATES	9	32	6,023.60	188.24	4.000	669.29	752.95
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.125	35.00	4.38
ALL OTHER SERVICES	2	2	.00	.00	.250	.00	.00

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SUMMARY OF SERVICES FOR CASH GRANT - BLIND

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08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	4	\$ 97.91	\$ 24.48	.500	\$ 48.96	\$ 12.24
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	4	97.91	24.48	.500	48.96	12.24
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	14	1,704	\$ 50,583.89	\$ 29.69	213.000	\$ 3613.14	\$ 6322.99
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	28	106	\$ 7,773.18	\$ 73.33	13.250	\$ 277.61	\$ 971.65
HOSP INPATIENT TOTAL	2	8	4,606.26	575.78	1.000	2303.13	575.78
HSC HOSPITALS	1	7	2,122.40	303.20	.875	2122.40	265.30
NON-HSC HOSPITAL TOTAL	1	1	2,483.86	2483.86	.125	2483.86	310.48
ACCOMMODATIONS	1	1	782.59	782.59	.125	782.59	97.82
ADMINISTRATIVE DAYS	0	0	6.74	.00	.000	.00	.84
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	775.85	775.85	.125	775.85	96.98
ANCILLARIES	1	0	1,701.27	.00	.000	1701.27	212.66
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	26	98	3,166.92	32.32	12.250	121.80	395.87
MEDICAL	7	8	594.10	74.26	1.000	84.87	74.26
SURGERY	1	1	120.18	120.18	.125	120.18	15.02
PATHOLOGY	6	34	702.10	20.65	4.250	117.02	87.76
RADIOLOGY	5	7	354.37	50.62	.875	70.87	44.30
ROOM USE	19	23	738.46	32.11	2.875	38.87	92.31
CROSSOVERS/ALL OTH OUTPTNT	9	25	657.71	26.31	3.125	73.08	82.21
@COUNTY HOSPITAL TOTAL	1	1	\$ 38.62	\$ 38.62	.125	\$ 38.62	\$ 4.83
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	38.62	38.62	.125	38.62	4.83
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.99	35.99	.125	35.99	4.50
CROSSOVERS/ALL OTH OUTPTNT	0	0	2.63	.00	.000	.00	.33

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27	105	\$ 7,734.56	\$ 73.66	13.125	\$ 286.47	\$ 966.82
COMM HOSP INPATIENT TOTAL	2	8	4,606.26	575.78	1.000	2303.13	575.78
HSC HOSPITALS	1	7	2,122.40	303.20	.875	2122.40	265.30
NON-HSC HOSPITALS TOTAL	1	1	2,483.86	2483.86	.125	2483.86	310.48
ACCOMMODATIONS	1	1	782.59	782.59	.125	782.59	97.82
ADMINISTRATIVE DAYS	0	0	6.74	.00	.000	.00	.84
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	775.85	775.85	.125	775.85	96.98
ANCILLARIES	1	0	1,701.27	.00	.000	1701.27	212.66
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	25	97	3,128.30	32.25	12.125	125.13	391.04
MEDICAL	7	8	594.10	74.26	1.000	84.87	74.26
SURGERY	1	1	120.18	120.18	.125	120.18	15.02
PATHOLOGY	6	34	702.10	20.65	4.250	117.02	87.76
RADIOLOGY	5	7	354.37	50.62	.875	70.87	44.30
ROOM USE	18	22	702.47	31.93	2.750	39.03	87.81
CROSSOVERS/ALL OTH OUTPTNT	9	25	655.08	26.20	3.125	72.79	81.89
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ 8,895.87	\$.00	.000	\$.00	\$ 1111.98
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	8,895.87	.00	.000	.00	1111.98
@REHABILITATION FACILITY	1	3	\$ 133.52	\$ 44.51	.375	\$ 133.52	\$ 16.69
HOSPITAL BASED	1	3	133.52	44.51	.375	133.52	16.69
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	2	\$ 47.56	\$ 23.78	.250	\$ 23.78	\$ 5.95
PATHOLOGY	2	2	47.56	23.78	.250	23.78	5.95
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	134	197	\$	14,564.82	\$	73.93	24.625	\$	108.69	\$	1820.60
CLINIC	1	2		224.00		112.00	.250		224.00		28.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	133	195		14,340.82		73.54	24.375		107.83		1792.60

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MONTEREY COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	65	430	\$ 33,824.42	\$ 78.66	53.750	\$ 520.38	\$ 4228.05
DURABLE MED. EQUIP.	9	35	11,290.98	322.60	4.375	1254.55	1411.37
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	7	92	6,121.68	66.54	11.500	874.53	765.21
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	27	224	14,319.79	63.93	28.000	530.36	1789.97
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	15	35	497.52	14.21	4.375	33.17	62.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	20	1,397.41	69.87	2.500	698.71	174.68
PROSTHETICS	2	20	1,397.41	69.87	2.500	698.71	174.68
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	24	197.04	8.21	3.000	39.41	24.63
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	115	4,175	\$ 125,523.16	\$ 30.07	521.875	\$ 1091.51	\$ 15690.40
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 8,913.08	\$ 8913.08	.125	\$ 8913.08	\$ 1114.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,913
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED	AID CODE 60

447 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	21,035	188,162	\$ 10,629,286.76	\$ 56.49	420.944	\$ 505.31	\$ 23779.17
@PHYSICIANS SERVICES	1,268	5,812	\$ 379,717.48	\$ 65.33	13.002	\$ 299.46	\$ 849.48
OUTPATIENT VISITS	671	912	51,329.88	56.28	2.040	76.50	114.83
OFFICE VISITS	281	350	17,701.51	50.58	.783	62.99	39.60
HOME VISITS	1	1	37.42	37.42	.002	37.42	.08
EMERGENCY ROOM	178	210	17,445.89	83.08	.470	98.01	39.03

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	248	351	16,145.06	46.00	.785	65.10	36.12
INPATIENT VISITS	209	1,386	104,303.01	75.25	3.101	499.06	233.34
HOSPITAL VISITS	197	1,215	79,553.53	65.48	2.718	403.83	177.97
CRITICAL CARE	33	169	24,663.68	145.94	.378	747.38	55.18
SNF/ICF/TRANS IP CARE	2	2	85.80	42.90	.004	42.90	.19
OPHTHALMOLOGICAL SERVICES	19	23	1,280.68	55.68	.051	67.40	2.87
EXAMINATIONS	19	23	1,280.68	55.68	.051	67.40	2.87
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	98	1,053	103,266.71	98.07	2.356	1053.74	231.02
PRINCIPAL SURGEON	60	103	83,752.21	813.13	.230	1395.87	187.37
ASSISTANT SURGEON	6	6	2,286.37	381.06	.013	381.06	5.11
ANESTHESIOLOGIST	48	944	17,228.13	18.25	2.112	358.92	38.54
OUTPATIENT SURGERY	173	709	47,340.57	66.77	1.586	273.64	105.91
PRINCIPAL SURGEON	102	157	28,167.55	179.41	.351	276.15	63.01
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	83	552	19,173.02	34.73	1.235	231.00	42.89
DIALYSIS	1	1	.00	.00	.002	.00	.00
PATHOLOGY	49	133	5,011.82	37.68	.298	102.28	11.21
RADIOLOGY	329	606	23,459.91	38.71	1.356	71.31	52.48
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	36	3,666.84	101.86	.081	407.43	8.20
OTHER SERVICES/ALL X-OVERS	363	953	40,058.06	42.03	2.132	110.35	89.62
@PHARMACY	9,945	48,250	\$ 4,971,771.97	\$ 103.04	107.942	\$ 499.93	\$ 11122.53
PRESCRIPTION DRUGS	9,737	22,738	4,128,242.12	181.56	50.868	423.97	9235.44
SNF/ICF	555	1,768	288,834.15	163.37	3.955	520.42	646.16
OUTPATIENTS	9,224	20,970	3,839,407.97	183.09	46.913	416.24	8589.28
MEDICAL SUPPLIES	523	25,512	843,529.85	33.06	57.074	1612.87	1887.09
@DENTIST	4,797	22,335	\$ 922,742.15	\$ 41.31	49.966	\$ 192.36	\$ 2064.30
VISITS - DIAGNOSTIC	3,276	13,782	178,070.76	12.92	30.832	54.36	398.37
ORAL SURGERY	665	1,944	100,922.47	51.91	4.349	151.76	225.78
DRUGS	82	89	1,821.00	20.46	.199	22.21	4.07
ANESTHESIA	83	90	7,688.85	85.43	.201	92.64	17.20
PERIODONTICS	324	359	57,595.25	160.43	.803	177.76	128.85
ENDODONTICS	293	427	76,585.34	179.36	.955	261.38	171.33
RESTORATIVE DENTISTRY	1,410	4,248	335,519.75	78.98	9.503	237.96	750.60
PROSTHETICS	37	42	875.00	20.83	.094	23.65	1.96
DENTURES, STAYPLATES	411	1,221	158,870.50	130.12	2.732	386.55	355.41
SPACE MAINTAINERS	1	1	120.00	120.00	.002	120.00	.27
MAXILLOFACIAL SERVICES	15	21	1,133.23	53.96	.047	75.55	2.54
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	46	55	3,540.00	64.36	.123	76.96	7.92
ALL OTHER SERVICES	56	56	.00	.00	.125	.00	.00
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MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
				AID CODE 60			
				----- MONTHLY AVERAGE -----			
447 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	4	\$ 100.56	\$ 25.14	.009	\$ 50.28	\$.22
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.002	47.45	.11
EYE APPLIANCES	1	3	53.11	17.70	.007	53.11	.12
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	11	22	\$	902.57	\$	41.03	.049	\$ 82.05	\$ 2.02
MEDICINE/INJECTIONS	10	21		877.47		41.78	.047	87.75	1.96
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	1	1		25.10		25.10	.002	25.10	.06
@HOME HEALTH AGENCY	84	1,403	\$	62,208.82	\$	44.34	3.139	\$ 740.58	\$ 139.17
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,117	9,152	\$	2,594,090.31	\$	283.45	20.474	\$ 2322.37	\$ 5803.33
HOSP INPATIENT TOTAL	239	1,873		2,285,215.29		1220.08	4.190	9561.57	5112.34
HSC HOSPITALS	187	1,317		2,108,896.20		1601.29	2.946	11277.52	4717.89
NON-HSC HOSPITAL TOTAL	10	51		134,406.17		2635.42	.114	13440.62	300.68
ACCOMMODATIONS	10	51		40,823.46		800.46	.114	4082.35	91.33
ADMINISTRATIVE DAYS	1	9		1,429.16		158.80	.020	1429.16	3.20
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	9	42		39,394.30		937.96	.094	4377.14	88.13
ANCILLARIES	10	0		93,582.71		.00	.000	9358.27	209.36
INPATIENT CROSSOVERS	44	505		41,912.92		83.00	1.130	952.57	93.76
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	942	7,279		308,875.02		42.43	16.284	327.89	691.00
MEDICAL	274	594		40,928.32		68.90	1.329	149.37	91.56
SURGERY	75	95		5,827.57		61.34	.213	77.70	13.04
PATHOLOGY	398	3,419		32,934.74		9.63	7.649	82.75	73.68
RADIOLOGY	245	445		82,687.95		185.82	.996	337.50	184.98
ROOM USE	591	915		35,281.20		38.56	2.047	59.70	78.93
CROSSOVERS/ALL OTH OUTPTNT	352	1,811		111,215.24		61.41	4.051	315.95	248.80
@COUNTY HOSPITAL TOTAL	251	1,422	\$	508,493.69	\$	357.59	3.181	\$ 2025.87	\$ 1137.57
CO HOSPITAL INPATIENT TOTAL	101	781		486,812.29		623.32	1.747	4819.92	1089.07
HSC HOSPITALS	70	374		449,104.00		1200.81	.837	6415.77	1004.71

NON-HSC HOSPITALS TOTAL	1	9	4,564.22	507.14	.020	4564.22	10.21
ACCOMMODATIONS	1	9	1,946.93	216.33	.020	1946.93	4.36
ADMINISTRATIVE DAYS	1	9	1,946.93	216.33	.020	1946.93	4.36
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	2,617.29	.00	.000	2617.29	5.86
INPATIENT CROSSOVERS	31	398	33,144.07	83.28	.890	1069.16	74.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	153	641	21,681.40	33.82	1.434	141.71	48.50
MEDICAL	15	24	1,732.03	72.17	.054	115.47	3.87
SURGERY	2	3	224.25	74.75	.007	112.13	.50
PATHOLOGY	71	311	2,419.34	7.78	.696	34.08	5.41
RADIOLOGY	41	47	5,736.76	122.06	.105	139.92	12.83
ROOM USE	91	120	4,528.55	37.74	.268	49.76	10.13
CROSSOVERS/ALL OTH OUTPTNT	59	136	7,040.47	51.77	.304	119.33	15.75
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MONTEREY COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED						
	AID CODE 60						

447 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	894	7,730	\$	2,085,596.62	\$ 269.81	17.293	\$ 2332.88	\$ 4665.76
COMM HOSP INPATIENT TOTAL	142	1,092		1,798,403.00	1646.89	2.443	12664.81	4023.27
HSC HOSPITALS	121	943		1,659,792.20	1760.12	2.110	13717.29	3713.18
NON-HSC HOSPITALS TOTAL	9	42		129,841.95	3091.48	.094	14426.88	290.47
ACCOMMODATIONS	9	42		38,876.53	925.63	.094	4319.61	86.97
ADMINISTRATIVE DAYS	0	0		517.77CR	.00	.000	.00	1.16CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	42		39,394.30	937.96	.094	4377.14	88.13
ANCILLARIES	9	0		90,965.42	.00	.000	10107.27	203.50
INPATIENT CROSSOVERS	13	107		8,768.85	81.95	.239	674.53	19.62
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	809	6,638		287,193.62	43.27	14.850	355.00	642.49
MEDICAL	261	570		39,196.29	68.77	1.275	150.18	87.69
SURGERY	73	92		5,603.32	60.91	.206	76.76	12.54
PATHOLOGY	330	3,108		30,515.40	9.82	6.953	92.47	68.27
RADIOLOGY	208	398		76,951.19	193.34	.890	369.96	172.15
ROOM USE	509	795		30,752.65	38.68	1.779	60.42	68.80
CROSSOVERS/ALL OTH OUTPTNT	301	1,675		104,174.77	62.19	3.747	346.10	233.05
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	9	145	\$	22,271.48	\$ 153.60	.324	\$ 2474.61	\$ 49.82
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	9	145		22,271.48	153.60	.324	2474.61	49.82
@INTERMEDIATE CARE FACIL.-DD	1	31	\$	4,595.17	\$ 148.23	.069	\$ 4595.17	\$ 10.28
ICF DDH	1	31		4,595.17	148.23	.069	4595.17	10.28
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	2CR	\$	54,339.31	\$ 27169.66CR	.004CR	\$ 9056.55	\$ 121.56
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	2CR		54,339.31	27169.66CR	.004CR	9056.55	121.56

@REHABILITATION FACILITY	51	589	\$	14,359.11	\$	24.38	1.318	\$	281.55	\$	32.12
HOSPITAL BASED	32	79		8,481.86		107.37	.177		265.06		18.98
INDEPENDENT FACILITY	20	510		5,877.25		11.52	1.141		293.86		13.15
@LABORATORY FACILITY	21	30	\$	608.44	\$	20.28	.067	\$	28.97	\$	1.36
PATHOLOGY	21	30		608.44		20.28	.067		28.97		1.36
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4,583	6,792	\$	527,705.10	\$	77.70	15.195	\$	115.14	\$	1180.55
CLINIC	1	1		162.05		162.05	.002		162.05		.36
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	6	106		1,218.38		11.49	.237		203.06		2.73
RURAL HEALTH CLINIC	4,576	6,685		526,324.67		78.73	14.955		115.02		1177.46

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,916
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

	447 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,626	93,599	\$	1,073,874.29	\$ 11.47	209.394	\$ 408.94	\$ 2402.40
DURABLE MED. EQUIP.	232	952		315,786.91	331.71	2.130	1361.15	706.46
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	66	299		27,285.99	91.26	.669	413.42	61.04
MEDICAL TRANSPORTATION	35	2,000		21,365.79	10.68	4.474	610.45	47.80
AMBULANCES/AIR TRANS	29	1,978		16,297.73	8.24	4.425	561.99	36.46
OTHER TRANS	1	6		40.50	6.75	.013	40.50	.09
OTHER SERVICES	7	16		5,027.56	314.22	.036	718.22	11.25
ACUPUNCTURE	1	1		16.22	16.22	.002	16.22	.04
ADULT DAY HEALTH CARE CTR	48	840		54,765.44	65.20	1.879	1140.95	122.52
GENETIC DISEASE TESTING	18	18		1,463.00	81.28	.040	81.28	3.27
IHMC,MODEL-NF,NF,AIDS,MSSP	478	9,272		396,524.96	42.77	20.743	829.55	887.08
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1,278	2,749		32,232.43	11.73	6.150	25.22	72.11
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4		98.94	24.74	.009	49.47	.22
PROSTHETIST/ORTHOTISTS	48	430		52,790.63	122.77	.962	1099.80	118.10
PROSTHETICS	48	430		52,790.63	122.77	.962	1099.80	118.10
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	10	22		1,120.68	50.94	.049	112.07	2.51
SPEECH AND AUDIOLOGY	5	11		484.47	44.04	.025	96.89	1.08
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	359	6,546		42,707.00	6.52	14.644	118.96	95.54
EPSDT SUPPLEMENTAL SERVICE	21	3,072		107,919.36	35.13	6.872	5139.02	241.43
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	93	67,383		19,312.47	.29	150.745	207.66	43.20
@CALIF. CHILDREN SERVICES*	2,484	91,689	\$	4,816,073.63	\$ 52.53	205.121	\$ 1938.84	\$ 10774.21
@XOVER EXCLUDING STATE HOSP**	106	794	\$	108,281.13	\$ 136.37	1.776	\$ 1021.52	\$ 242.24

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,917
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G	

	971 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	25,773	90,151	\$	5,238,428.26	\$	58.11	92.843	\$	203.25	\$	5394.88
@PHYSICIANS SERVICES	595	2,715	\$	399,256.07	\$	147.06	2.796	\$	671.02	\$	411.18
OUTPATIENT VISITS	237	281		16,981.00		60.43	.289		71.65		17.49
OFFICE VISITS	103	126		8,504.32		67.49	.130		82.57		8.76
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	58	57		4,467.21		78.37	.059		77.02		4.60
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	6	10		503.88		50.39	.010		83.98		.52
OTHER OUTPATIENT	79	88		3,505.59		39.84	.091		44.37		3.61
INPATIENT VISITS	125	972		117,325.63		120.71	1.001		938.61		120.83
HOSPITAL VISITS	81	438		22,065.82		50.38	.451		272.42		22.72
CRITICAL CARE	65	534		95,259.81		178.39	.550		1465.54		98.10
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	8	11		573.47		52.13	.011		71.68		.59
EXAMINATIONS	8	11		573.47		52.13	.011		71.68		.59
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	62	369		43,809.75		118.73	.380		706.61		45.12
PRINCIPAL SURGEON	41	74		32,744.76		442.50	.076		798.65		33.72
ASSISTANT SURGEON	4	4		1,166.37		291.59	.004		291.59		1.20
ANESTHESIOLOGIST	25	291		9,898.62		34.02	.300		395.94		10.19
OUTPATIENT SURGERY	47	242		18,654.45		77.08	.249		396.90		19.21
PRINCIPAL SURGEON	33	61		13,182.22		216.10	.063		399.46		13.58
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	22	181		5,472.23		30.23	.186		248.74		5.64
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	25	59		2,088.54		35.40	.061		83.54		2.15
RADIOLOGY	185	296		10,657.36		36.00	.305		57.61		10.98
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	5	17		501.30		29.49	.018		100.26		.52
OTHER SERVICES/ALL X-OVERS	127	468		188,664.57		403.13	.482		1485.55		194.30
@PHARMACY	657	1,499	\$	350,860.73	\$	234.06	1.544	\$	534.03	\$	361.34
PRESCRIPTION DRUGS	634	998		127,181.66		127.44	1.028		200.60		130.98
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	634	998		127,181.66		127.44	1.028		200.60		130.98
MEDICAL SUPPLIES	50	501		223,679.07		446.47	.516		4473.58		230.36
@DENTIST	9,379	54,595	\$	1,541,534.79	\$	28.24	56.226	\$	164.36	\$	1587.57
VISITS - DIAGNOSTIC	6,840	36,057		435,800.85		12.09	37.134		63.71		448.82
ORAL SURGERY	1,188	2,149		128,775.59		59.92	2.213		108.40		132.62
DRUGS	1,460	1,618		37,873.75		23.41	1.666		25.94		39.00
ANESTHESIA	95	98		8,875.00		90.56	.101		93.42		9.14
PERIODONTICS	190	193		31,880.00		165.18	.199		167.79		32.83
ENDODONTICS	876	1,666		169,873.51		101.96	1.716		193.92		174.95
RESTORATIVE DENTISTRY	3,726	11,844		654,927.35		55.30	12.198		175.77		674.49
PROSTHETICS	15	16		425.00		26.56	.016		28.33		.44
DENTURES, STAYPLATES	50	248		14,283.00		57.59	.255		285.66		14.71
SPACE MAINTAINERS	103	123		12,377.74		100.63	.127		120.17		12.75
MAXILLOFACIAL SERVICES	29	29		1,780.00		61.38	.030		61.38		1.83
FRACTURES, DISLOCATIONS	2	2		525.00		262.50	.002		262.50		.54
ORTHODONTIC SERVICES	394	478		43,680.00		91.38	.492		110.86		44.98
ALL OTHER SERVICES	75	74		458.00		6.19	.076		6.11		.47

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

PAGE 7,918 01/17/03

971 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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----- MONTHLY AVERAGE -----

@OPTOMETRIST	2	8	\$	180.56	\$	22.57	.008	\$	90.28	\$.19
DIAGNOSTIC AND ANC. PROCED	2	2		94.90		47.45	.002		47.45		.10
EYE APPLIANCES	2	6		85.66		14.28	.006		42.83		.09
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	23	87	\$	6,039.19	\$	69.42	.090	\$	262.57	\$	6.22
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	533	2,361	\$	1,428,140.76	\$	604.89	2.432	\$	2679.44	\$	1470.79
HOSP INPATIENT TOTAL	113	964		1,359,851.61		1410.63	.993		12034.09		1400.47
HSC HOSPITALS	109	956		1,334,890.06		1396.33	.985		12246.70		1374.76
NON-HSC HOSPITAL TOTAL	4	8		24,961.55		3120.19	.008		6240.39		25.71
ACCOMMODATIONS	4	8		6,624.40		828.05	.008		1656.10		6.82
ADMINISTRATIVE DAYS	0	0		15.39CR		.00	.000		.00		.02CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	8		6,639.79		829.97	.008		1659.95		6.84
ANCILLARIES	4	0		18,337.15		.00	.000		4584.29		18.88
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	443	1,397		68,289.15		48.88	1.439		154.15		70.33
MEDICAL	71	112		8,336.33		74.43	.115		117.41		8.59
SURGERY	29	37		3,463.81		93.62	.038		119.44		3.57
PATHOLOGY	150	585		8,064.24		13.79	.602		53.76		8.31
RADIOLOGY	117	152		28,249.24		185.85	.157		241.45		29.09
ROOM USE	188	269		11,507.83		42.78	.277		61.21		11.85
CROSSOVERS/ALL OTH OUTPTNT	134	242		8,667.70		35.82	.249		64.68		8.93
@COUNTY HOSPITAL TOTAL	128	487	\$	345,501.90	\$	709.45	.502	\$	2699.23	\$	355.82
CO HOSPITAL INPATIENT TOTAL	33	269		336,883.00		1252.35	.277		10208.58		346.94
HSC HOSPITALS	33	269		336,883.00		1252.35	.277		10208.58		346.94
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	95	218		8,618.90		39.54	.225		90.73		8.88
MEDICAL	15	22		1,446.32		65.74	.023		96.42		1.49
SURGERY	4	4		524.12		131.03	.004		131.03		.54
PATHOLOGY	34	66		897.44		13.60	.068		26.40		.92
RADIOLOGY	31	33		2,388.34		72.37	.034		77.04		2.46
ROOM USE	39	51		1,920.06		37.65	.053		49.23		1.98
CROSSOVERS/ALL OTH OUTPTNT	20	42		1,442.62		34.35	.043		72.13		1.49

971 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	409	1,874	\$ 1,082,638.86	\$ 577.72	1.930	\$ 2647.04	\$ 1114.97
COMM HOSP INPATIENT TOTAL	80	695	1,022,968.61	1471.90	.716	12787.11	1053.52
HSC HOSPITALS	76	687	998,007.06	1452.70	.708	13131.67	1027.81
NON-HSC HOSPITALS TOTAL	4	8	24,961.55	3120.19	.008	6240.39	25.71
ACCOMMODATIONS	4	8	6,624.40	828.05	.008	1656.10	6.82
ADMINISTRATIVE DAYS	0	0	15.39CR	.00	.000	.00	.02CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	8	6,639.79	829.97	.008	1659.95	6.84
ANCILLARIES	4	0	18,337.15	.00	.000	4584.29	18.88
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	349	1,179	59,670.25	50.61	1.214	170.97	61.45
MEDICAL	56	90	6,890.01	76.56	.093	123.04	7.10
SURGERY	25	33	2,939.69	89.08	.034	117.59	3.03
PATHOLOGY	117	519	7,166.80	13.81	.535	61.25	7.38
RADIOLOGY	86	119	25,860.90	217.32	.123	300.71	26.63
ROOM USE	150	218	9,587.77	43.98	.225	63.92	9.87
CROSSOVERS/ALL OTH OUTPTNT	114	200	7,225.08	36.13	.206	63.38	7.44
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	13	105	\$ 1,868.49	\$ 17.80	.108	\$ 143.73	\$ 1.92
HOSPITAL BASED	8	20	939.85	46.99	.021	117.48	.97
INDEPENDENT FACILITY	5	85	928.64	10.93	.088	185.73	.96
@LABORATORY FACILITY	132	161	\$ 3,516.95	\$ 21.84	.166	\$ 26.64	\$ 3.62
PATHOLOGY	132	161	3,516.95	21.84	.166	26.64	3.62
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	12,163	17,338	\$ 1,354,768.93	\$ 78.14	17.856	\$ 111.38	\$ 1395.23
CLINIC	7	24	860.17	35.84	.025	122.88	.89
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	1	13	157.94	12.15	.013	157.94	.16
RURAL HEALTH CLINIC	12,155	17,301	1,353,750.82	78.25	17.818	111.37	1394.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

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971 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,699	11,282	\$ 152,261.79	\$ 13.50	11.619	\$ 41.16	\$ 156.81
DURABLE MED. EQUIP.	27	120	10,474.30	87.29	.124	387.94	10.79
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	14	52	6,411.35	123.30	.054	457.95	6.60
MEDICAL TRANSPORTATION	3	182	1,117.68	6.14	.187	372.56	1.15
AMBULANCES/AIR TRANS	3	182	1,117.68	6.14	.187	372.56	1.15
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	3	12	808.47	67.37	.012	269.49	.83
GENETIC DISEASE TESTING	194	195	15,122.00	77.55	.201	77.95	15.57
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,135	2,428	21,786.47	8.97	2.501	19.20	22.44
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	14	60	10,334.96	172.25	.062	738.21	10.64
PROSTHETICS	14	60	10,334.96	172.25	.062	738.21	10.64
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	10	42	2,924.62	69.63	.043	292.46	3.01
SPEECH AND AUDIOLOGY	11	39	4,998.94	128.18	.040	454.45	5.15
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,309	8,152	78,283.00	9.60	8.395	33.90	80.62
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	825	5,585	\$ 2,064,648.50	\$ 369.68	5.752	\$ 2502.60	\$ 2126.31
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	1,495 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
						UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	51,068	300,211	\$	16,946,148.72	\$ 56.45	200.810	\$ 331.83	\$ 11335.22
@PHYSICIANS SERVICES	1,914	8,648	\$	784,408.70	\$ 90.70	5.785	\$ 409.83	\$ 524.69
OUTPATIENT VISITS	928	1,215		69,772.18	57.43	.813	75.19	46.67
OFFICE VISITS	393	485		27,003.83	55.68	.324	68.71	18.06
HOME VISITS	1	1		37.42	37.42	.001	37.42	.03
EMERGENCY ROOM	240	271		22,144.63	81.71	.181	92.27	14.81
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	10		503.88	50.39	.007	83.98	.34
OTHER OUTPATIENT	335	448		20,082.42	44.83	.300	59.95	13.43
INPATIENT VISITS	338	2,365		221,968.10	93.86	1.582	656.71	148.47
HOSPITAL VISITS	282	1,660		101,958.81	61.42	1.110	361.56	68.20
CRITICAL CARE	98	703		119,923.49	170.59	.470	1223.71	80.22
SNF/ICF/TRANS IP CARE	2	2		85.80	42.90	.001	42.90	.06
OPHTHALMOLOGICAL SERVICES	33	40		2,230.45	55.76	.027	67.59	1.49
EXAMINATIONS	33	40		2,230.45	55.76	.027	67.59	1.49
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	161	1,431		147,262.92	102.91	.957	914.68	98.50
PRINCIPAL SURGEON	101	177		116,496.97	658.17	.118	1153.44	77.92
ASSISTANT SURGEON	10	10		3,452.74	345.27	.007	345.27	2.31
ANESTHESIOLOGIST	74	1,244		27,313.21	21.96	.832	369.10	18.27
OUTPATIENT SURGERY	225	960		67,695.91	70.52	.642	300.87	45.28
PRINCIPAL SURGEON	139	225		42,923.04	190.77	.151	308.80	28.71
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	106	735		24,772.87	33.70	.492	233.71	16.57
DIALYSIS	1	1		.00	.00	.001	.00	.00
PATHOLOGY	75	193		7,123.57	36.91	.129	94.98	4.76
RADIOLOGY	520	911		34,177.72	37.52	.609	65.73	22.86
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	53		4,168.14	78.64	.035	297.72	2.79
OTHER SERVICES/ALL X-OVERS	508	1,479		230,009.71	155.52	.989	452.78	153.85
@PHARMACY	11,293	56,174	\$	5,484,310.16	\$ 97.63	37.575	\$ 485.64	\$ 3668.43
PRESCRIPTION DRUGS	11,039	24,749		4,408,792.31	178.14	16.555	399.38	2949.02
SNF/ICF	652	1,925		306,632.76	159.29	1.288	470.30	205.11
OUTPATIENTS	10,432	22,824		4,102,159.55	179.73	15.267	393.23	2743.92
MEDICAL SUPPLIES	619	31,425		1,075,517.85	34.22	21.020	1737.51	719.41
@DENTIST	15,597	83,010	\$	2,787,303.58	\$ 33.58	55.525	\$ 178.71	\$ 1864.42
VISITS - DIAGNOSTIC	11,018	53,379		658,380.11	12.33	35.705	59.75	440.39
ORAL SURGERY	2,090	4,809		265,884.40	55.29	3.217	127.22	177.85
DRUGS	1,547	1,714		39,859.75	23.26	1.146	25.77	26.66
ANESTHESIA	200	210		18,274.85	87.02	.140	91.37	12.22
PERIODONTICS	604	642		105,135.25	163.76	.429	174.06	70.32
ENDODONTICS	1,226	2,165		262,543.85	121.27	1.448	214.15	175.61
RESTORATIVE DENTISTRY	5,452	16,993		1,071,127.10	63.03	11.367	196.46	716.47
PROSTHETICS	59	66		1,530.00	23.18	.044	25.93	1.02
DENTURES, STAYPLATES	752	2,174		300,819.30	138.37	1.454	400.03	201.22
SPACE MAINTAINERS	104	124		12,497.74	100.79	.083	120.17	8.36
MAXILLOFACIAL SERVICES	45	51		3,013.23	59.08	.034	66.96	2.02
FRACTURES, DISLOCATIONS	2	2		525.00	262.50	.001	262.50	.35
ORTHODONTIC SERVICES	441	534		47,255.00	88.49	.357	107.15	31.61
ALL OTHER SERVICES	148	147		458.00	3.12	.098	3.09	.31

1,495 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	11	26	\$ 606.96	\$ 23.34	.017	\$	55.18	\$.41
DIAGNOSTIC AND ANC. PROCED	4	4	152.35	38.09	.003		38.09	.10
EYE APPLIANCES	8	22	385.71	17.53	.015		48.21	.26
OTHER OPTOMETRIC SERVICES	1	0	68.90	.00	.000		68.90	.05
@CHIROPRACTOR	0	0	.00	\$.00	.000	\$	.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	11	22	\$ 902.57	\$ 41.03	.015	\$	82.05	\$.60
MEDICINE/INJECTIONS	10	21	877.47	41.78	.014		87.75	.59
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	1	1	25.10	25.10	.001		25.10	.02
@HOME HEALTH AGENCY	121	3,194	\$ 118,831.90	\$ 37.20	2.136	\$	982.08	\$ 79.49
NURSE ANESTHESIST	0	0	.00	\$.00	.000	\$	.00	\$.00
NURSE MIDWIFE	0	0	.00	\$.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	.00	\$.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	1,687	11,701	\$ 4,045,338.59	\$ 345.73	7.827	\$	2397.95	\$ 2705.91
HOSP INPATIENT TOTAL	361	2,925	3,664,453.59	1252.80	1.957		10150.84	2451.14
HSC HOSPITALS	298	2,287	3,450,608.66	1508.79	1.530		11579.22	2308.10
NON-HSC HOSPITAL TOTAL	15	60	161,805.41	2696.76	.040		10787.03	108.23
ACCOMMODATIONS	15	60	48,185.66	803.09	.040		3212.38	32.23
ADMINISTRATIVE DAYS	1	9	1,375.72	152.86	.006		1375.72	.92
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	14	51	46,809.94	917.84	.034		3343.57	31.31
ANCILLARIES	15	0	113,619.75	.00	.000		7574.65	76.00
INPATIENT CROSSOVERS	50	578	52,039.52	90.03	.387		1040.79	34.81
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	1,413	8,776	380,885.00	43.40	5.870		269.56	254.77
MEDICAL	352	714	49,867.54	69.84	.478		141.67	33.36
SURGERY	105	133	9,411.56	70.76	.089		89.63	6.30
PATHOLOGY	554	4,038	41,709.72	10.33	2.701		75.29	27.90
RADIOLOGY	367	604	111,338.22	184.33	.404		303.37	74.47
ROOM USE	798	1,207	47,538.37	39.39	.807		59.57	31.80
CROSSOVERS/ALL OTH OUTPTNT	497	2,080	121,019.59	58.18	1.391		243.50	80.95
@COUNTY HOSPITAL TOTAL	382	1,922	\$ 859,005.27	\$ 446.93	1.286	\$	2248.70	\$ 574.59
CO HOSPITAL INPATIENT TOTAL	136	1,062	828,666.35	780.29	.710		6093.13	554.29
HSC HOSPITALS	104	650	790,687.00	1216.44	.435		7602.76	528.89
NON-HSC HOSPITALS TOTAL	1	9	4,564.22	507.14	.006		4564.22	3.05
ACCOMMODATIONS	1	9	1,946.93	216.33	.006		1946.93	1.30
ADMINISTRATIVE DAYS	1	9	1,946.93	216.33	.006		1946.93	1.30
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	1	0	2,617.29	.00	.000		2617.29	1.75
INPATIENT CROSSOVERS	32	403	33,415.13	82.92	.270		1044.22	22.35
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	249	860	30,338.92	35.28	.575		121.84	20.29
MEDICAL	30	46	3,178.35	69.09	.031		105.95	2.13
SURGERY	6	7	748.37	106.91	.005		124.73	.50
PATHOLOGY	105	377	3,316.78	8.80	.252		31.59	2.22

RADIOLOGY	72	80	8,125.10	101.56	.054	112.85	5.43
ROOM USE	131	172	6,484.60	37.70	.115	49.50	4.34
CROSSOVERS/ALL OTH OUTPTNT	79	178	8,485.72	47.67	.119	107.41	5.68

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,923
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR CASH GRANT

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
1,495 ELIGIBLES					
@COMMUNITY HOSPITAL TOTAL	1,337	9,779	\$ 3,186,333.32	\$ 325.83	6.541 \$ 2383.20 \$ 2131.33
COMM HOSP INPATIENT TOTAL	229	1,863	2,835,787.24	1522.16	1.246 12383.35 1896.85
HSC HOSPITALS	198	1,637	2,659,921.66	1624.88	1.095 13433.95 1779.21
NON-HSC HOSPITALS TOTAL	14	51	157,241.19	3083.16	.034 11231.51 105.18
ACCOMMODATIONS	14	51	46,238.73	906.64	.034 3302.77 30.93
ADMINISTRATIVE DAYS	0	0	571.21CR	.00	.000 .00 .38CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	14	51	46,809.94	917.84	.034 3343.57 31.31
ANCILLARIES	14	0	111,002.46	.00	.000 7928.75 74.25
INPATIENT CROSSOVERS	18	175	18,624.39	106.43	.117 1034.69 12.46
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	1,185	7,916	350,546.08	44.28	5.295 295.82 234.48
MEDICAL	324	668	46,689.19	69.89	.447 144.10 31.23
SURGERY	99	126	8,663.19	68.76	.084 57.51 5.79
PATHOLOGY	453	3,661	38,392.94	10.49	2.449 84.75 25.68
RADIOLOGY	299	524	103,213.12	196.97	.351 345.19 69.04
ROOM USE	677	1,035	41,053.77	39.67	.692 60.64 27.46
CROSSOVERS/ALL OTH OUTPTNT	426	1,902	112,533.87	59.17	1.272 264.16 75.27
@STATE HOSPITAL	0	0	.00	.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000 .00 .00
DEVELOP. DISABLED	0	0	.00	.00	.000 .00 .00
@NURSING FACILITY	11	176	\$ 26,100.55	\$ 148.30	.118 \$ 2372.78 \$ 17.46
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00 .00
LEV B-REHAB MD	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00 .00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
LEV B-REGULAR	11	176	26,100.55	148.30	.118 2372.78 17.46
@INTERMEDIATE CARE FACIL.-DD	1	31	\$ 4,595.17	\$ 148.23	.021 \$ 4595.17 \$ 3.07
ICF DDH	1	31	4,595.17	148.23	.021 4595.17 3.07
ICF DD	0	0	.00	.00	.000 .00 .00
ICF DDN/DDCN	0	0	.00	.00	.000 .00 .00
@HEMODIALYSIS TOTAL	7	4CR	\$ 65,622.04	\$ 16405.51CR	.003CR\$ 9374.58 \$ 43.89
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00
HEMODIALYSIS CENTER	7	4CR	65,622.04	16405.51CR	.003CR 9374.58 43.89
@REHABILITATION FACILITY	65	697	\$ 16,361.12	\$ 23.47	.466 \$ 251.71 \$ 10.94
HOSPITAL BASED	41	102	9,555.23	93.68	.068 233.05 6.39
INDEPENDENT FACILITY	25	595	6,805.89	11.44	.398 272.24 4.55
@LABORATORY FACILITY	155	190	\$ 4,162.73	\$ 21.91	.127 \$ 26.86 \$ 2.78
PATHOLOGY	155	193	4,172.95	21.62	.129 26.92 2.79
XO AND OTHERS	0	3CR	10.22CR	3.41	.002CR .00 .01CR
@ORGANIZED OUTPATIENT CLINIC	17,648	25,423	\$ 1,984,277.28	\$ 78.05	17.005 \$ 112.44 \$ 1327.28
CLINIC	9	27	1,246.22	46.16	.018 138.47 .83
SURGICENTER	0	0	.00	.00	.000 .00 .00
HEROIN DETOX CLINIC	7	119	1,376.32	11.57	.080 196.62 .92
RURAL HEALTH CLINIC	17,632	25,277	1,981,654.74	78.40	16.908 112.39 1325.52

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,924

1,495 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7,732	110,923	\$ 1,623,327.37	\$ 14.63	74.196	\$ 209.95	\$ 1085.84
DURABLE MED. EQUIP.	268	1,107	337,552.19	304.93	.740	1259.52	225.79
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	80	351	33,697.34	96.00	.235	421.22	22.54
MEDICAL TRANSPORTATION	39	2,191	22,636.40	10.33	1.466	580.42	15.14
AMBULANCES/AIR TRANS	33	2,169	17,568.34	8.10	1.451	532.37	11.75
OTHER TRANS	1	6	40.50	6.75	.004	40.50	.03
OTHER SERVICES	7	16	5,027.56	314.22	.011	718.22	3.36
ACUPUNCTURE	1	1	16.22	16.22	.001	16.22	.01
ADULT DAY HEALTH CARE CTR	137	2,019	133,367.78	66.06	1.351	973.49	89.21
GENETIC DISEASE TESTING	212	213	16,585.00	77.86	.142	78.23	11.09
IHMC,MODEL-NF,NF,AIDS,MSSP	1,157	12,445	684,561.92	55.01	8.324	591.67	457.90
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3,071	6,589	71,720.66	10.88	4.407	23.35	47.97
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	98.94	24.74	.003	49.47	.07
PROSTHETIST/ORTHOTISTS	64	510	64,523.00	126.52	.341	1008.17	43.16
PROSTHETICS	64	510	64,523.00	126.52	.341	1008.17	43.16
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	20	64	4,045.30	63.21	.043	202.27	2.71
SPEECH AND AUDIOLOGY	16	50	5,483.41	109.67	.033	342.71	3.67
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,675	14,725	121,216.53	8.23	9.849	45.31	81.08
EPSDT SUPPLEMENTAL SERVICE	21	3,072	107,919.36	35.13	2.055	5139.02	72.19
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	97	67,582		19,903.32		.29	45.205	205.19	13.31
@CALIF. CHILDREN SERVICES*	3,424	101,449	\$	7,006,245.29	\$	69.06	67.859	\$ 2046.22	\$ 4686.45
@XOVER EXCLUDING STATE HOSP**	135	852	\$	131,966.78	\$	154.89	.570	\$ 977.53	\$ 88.27

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,925
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS	AID CODES 47 69

56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,636	6,351	\$ 1,220,909.38	\$ 192.24	113.411	\$ 463.17	\$ 21801.95
@PHYSICIANS SERVICES	191	1,368	\$ 132,151.20	\$ 96.60	24.429	\$ 691.89	\$ 2359.84
OUTPATIENT VISITS	60	61	3,714.99	60.90	1.089	61.92	66.34
OFFICE VISITS	27	28	1,933.09	69.04	.500	71.60	34.52
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	10	9	936.86	104.10	.161	93.69	16.73
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	23	24	845.04	35.21	.429	36.74	15.09
INPATIENT VISITS	78	679	82,026.33	120.80	12.125	1051.62	1464.76
HOSPITAL VISITS	51	314	20,853.10	66.41	5.607	408.88	372.38
CRITICAL CARE	44	365	61,173.23	167.60	6.518	1390.30	1092.38
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	11	632.52	57.50	.196	158.13	11.30
EXAMINATIONS	4	11	632.52	57.50	.196	158.13	11.30
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	43	306	31,776.82	103.85	5.464	739.00	567.44
PRINCIPAL SURGEON	34	50	22,673.01	453.46	.893	666.85	404.88
ASSISTANT SURGEON	1	1	348.47	348.47	.018	348.47	6.22
ANESTHESIOLOGIST	15	255	8,755.34	34.33	4.554	583.69	156.35
OUTPATIENT SURGERY	9	49	3,130.43	63.89	.875	347.83	55.90
PRINCIPAL SURGEON	6	8	2,080.57	260.07	.143	346.76	37.15
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	4	41	1,049.86	25.61	.732	262.47	18.75
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	67.34	67.34	.018	67.34	1.20
RADIOLOGY	47	86	2,432.49	28.28	1.536	51.76	43.44
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	50	175	8,370.28	47.83	3.125	167.41	149.47
@PHARMACY	67	241	\$ 17,796.37	\$ 73.84	4.304	\$ 265.62	\$ 317.79
PRESCRIPTION DRUGS	56	124	14,843.67	119.71	2.214	265.07	265.07
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	56	124	14,843.67	119.71	2.214	265.07	265.07
MEDICAL SUPPLIES	20	117	2,952.70	25.24	2.089	147.64	52.73
@DENTIST	7	9	\$ 340.00	\$ 37.78	.161	\$ 48.57	\$ 6.07
VISITS - DIAGNOSTIC	3	3	65.00	21.67	.054	21.67	1.16
ORAL SURGERY	2	2	175.00	87.50	.036	87.50	3.13
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	2	2	100.00	50.00	.036	50.00	1.79
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	2	2	.00	.00	.036	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,926
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	2	\$ 112.95	\$ 56.48	.036	\$ 112.95	\$ 2.02
MEDICINE/INJECTIONS	1	2	112.95	56.48	.036	112.95	2.02
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	11	41	\$ 2,988.41	\$ 72.89	.732	\$ 271.67	\$ 53.36
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	110	993	\$ 788,889.64	\$ 794.45	17.732	\$ 7171.72	\$ 14087.32
HOSP INPATIENT TOTAL	42	477	742,932.41	1557.51	8.518	17688.87	13266.65
HSC HOSPITALS	41	476	738,786.00	1552.07	8.500	18019.17	13192.61
NON-HSC HOSPITAL TOTAL	1	1	4,146.41	4146.41	.018	4146.41	74.04
ACCOMMODATIONS	1	1	1,752.30	1752.30	.018	1752.30	31.29
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	1,752.30	1752.30	.018	1752.30	31.29
ANCILLARIES	1	0	2,394.11	.00	.000	2394.11	42.75
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	79	516	45,957.23	89.06	9.214	581.74	820.66
MEDICAL	22	40	3,226.14	80.65	.714	146.64	57.61
SURGERY	3	3	270.87	90.29	.054	90.29	4.84
PATHOLOGY	21	327	1,846.93	5.65	5.839	87.95	32.98
RADIOLOGY	13	19	1,765.57	92.92	.339	135.81	31.53
ROOM USE	46	85	2,710.18	31.88	1.518	58.92	48.40
CROSSOVERS/ALL OTH OUTPTNT	29	42	36,137.54	860.42	.750	1246.12	645.31
@COUNTY HOSPITAL TOTAL	30	135	\$ 102,282.85	\$ 757.65	2.411	\$ 3409.43	\$ 1826.48
CO HOSPITAL INPATIENT TOTAL	15	81	98,568.00	1216.89	1.446	6571.20	1760.14
HSC HOSPITALS	15	81	98,568.00	1216.89	1.446	6571.20	1760.14
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	15	54	3,714.85	68.79	.964	247.66	66.34
MEDICAL	4	8	626.77	78.35	.143	156.69	11.19
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	3	6	173.75	28.96	.107	57.92	3.10
ROOM USE	12	27	914.50	33.87	.482	76.21	16.33
CROSSOVERS/ALL OTH OUTPTNT	6	13	1,999.83	153.83	.232	333.31	35.71

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	83	858	\$ 686,606.79	\$ 800.24	15.321	\$ 8272.37	\$ 12260.84
COMM HOSP INPATIENT TOTAL	29	396	644,364.41	1627.18	7.071	22219.46	11506.51
HSC HOSPITALS	28	395	640,218.00	1620.81	7.054	22864.93	11432.46
NON-HSC HOSPITALS TOTAL	1	1	4,146.41	4146.41	.018	4146.41	74.04
ACCOMMODATIONS	1	1	1,752.30	1752.30	.018	1752.30	31.29
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	1,752.30	1752.30	.018	1752.30	31.29
ANCILLARIES	1	0	2,394.11	.00	.000	2394.11	42.75
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	64	462	42,242.38	91.43	8.250	660.04	754.33
MEDICAL	18	32	2,599.37	81.23	.571	144.41	46.42
SURGERY	3	3	270.87	90.29	.054	90.29	4.84
PATHOLOGY	21	327	1,846.93	5.65	5.839	87.95	32.98
RADIOLOGY	10	13	1,591.82	122.45	.232	159.18	28.43
ROOM USE	34	58	1,795.68	30.96	1.036	52.81	32.07
CROSSOVERS/ALL OTH OUTPTNT	23	29	34,137.71	1177.16	.518	1484.25	609.60
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	2	3	\$ 103.31	\$ 34.44	.054	\$ 51.66	\$ 1.84
HOSPITAL BASED	2	3	103.31	34.44	.054	51.66	1.84
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	2,321	3,564	\$	273,124.63	\$	76.63	63.643	\$	117.68	\$	4877.23
CLINIC	1	1		118.45		118.45	.018		118.45		2.12
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,320	3,563		273,006.18		76.62	63.625		117.68		4875.11

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,928
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

56 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	27	130	\$ 5,402.87	\$ 41.56	2.321	\$ 200.11	\$ 96.48
DURABLE MED. EQUIP.	7	41	547.98	13.37	.732	78.28	9.79
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	63	2,984.64	47.38	1.125	2984.64	53.30
AMBULANCES/AIR TRANS	1	62	1,184.64	19.11	1.107	1184.64	21.15
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.018	1800.00	32.14
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	18	18	814.00	45.22	.321	45.22	14.54
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	8	1,056.25	132.03	.143	528.13	18.86
PROSTHETICS	2	8	1,056.25	132.03	.143	528.13	18.86
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	287	2,609	\$ 940,299.09	\$ 360.41	46.589	\$ 3276.30	\$ 16791.06
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,929
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

19,507 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	12,168	60,056	\$ 7,687,682.10	\$ 128.01	3.079	\$ 631.80	\$ 394.10
@PHYSICIANS SERVICES	5,348	15,766	\$ 1,094,371.14	\$ 69.41	.808	\$ 204.63	\$ 56.10
OUTPATIENT VISITS	2,303	5,784	225,652.19	39.01	.297	97.98	11.57
OFFICE VISITS	333	394	13,609.48	34.54	.020	40.87	.70
HOME VISITS	5	5	197.00	39.40	.000	39.40	.01
EMERGENCY ROOM	428	459	27,768.27	60.50	.024	64.88	1.42

PREVENTIVE CARE	8	8	306.52	38.32	.000	38.32	.02
OB VISITS/COMPRE PERI	1,557	4,753	178,571.24	37.57	.244	114.69	9.15
OTHER OUTPATIENT	134	165	5,199.68	31.51	.008	38.80	.27
INPATIENT VISITS	1,153	2,662	188,644.72	70.87	.136	163.61	9.67
HOSPITAL VISITS	1,045	1,928	84,942.40	44.06	.099	81.28	4.35
CRITICAL CARE	152	734	103,702.32	141.28	.038	682.25	5.32
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,019	2,174	515,519.18	237.13	.111	505.91	26.43
PRINCIPAL SURGEON	845	875	469,320.93	536.37	.045	555.41	24.06
ASSISTANT SURGEON	72	72	10,829.07	150.40	.004	150.40	.56
ANESTHESIOLOGIST	193	1,227	35,369.18	28.83	.063	183.26	1.81
OUTPATIENT SURGERY	360	665	41,927.39	63.05	.034	116.46	2.15
PRINCIPAL SURGEON	335	427	35,558.08	83.27	.022	106.14	1.82
ASSISTANT SURGEON	1	1	208.68	208.68	.000	208.68	.01
ANESTHESIOLOGIST	117	237	6,160.63	25.99	.012	52.65	.32
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	690	1,248	18,080.26	14.49	.064	26.20	.93
RADIOLOGY	1,649	2,024	71,779.31	35.46	.104	43.53	3.68
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	152	402	4,479.81	11.14	.021	29.47	.23
OTHER SERVICES/ALL X-OVERS	574	807	28,288.28	35.05	.041	49.28	1.45
@PHARMACY	2,612	5,800	\$ 156,196.90	\$ 26.93	.297	\$ 59.80	\$ 8.01
PRESCRIPTION DRUGS	2,500	5,156	103,533.52	20.08	.264	41.41	5.31
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2,500	5,156	103,533.52	20.08	.264	41.41	5.31
MEDICAL SUPPLIES	304	644	52,663.38	81.78	.033	173.23	2.70
@DENTIST	34	118	\$ 2,384.00	\$ 20.20	.006	\$ 70.12	\$.12
VISITS - DIAGNOSTIC	23	76	569.00	7.49	.004	24.74	.03
ORAL SURGERY	7	11	1,050.00	95.45	.001	150.00	.05

DRUGS	1	1	15.00	15.00	.000	15.00	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.01
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	2	3	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	10	26	650.00	25.00	.001	65.00	.03
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,930
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49						
					----- MONTHLY AVERAGE -----		
19,507 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1 \$	51.21	\$ 51.21	.000	\$ 51.21	\$.00
MEDICINE/INJECTIONS	1	1	51.21	51.21	.000	51.21	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	392	435 \$	28,518.96	\$ 65.56	.022	\$ 72.75	\$ 1.46
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5,426	20,273 \$	5,092,180.78	\$ 251.18	1.039	\$ 938.48	\$ 261.04
HOSP INPATIENT TOTAL	1,066	3,531	4,703,541.62	1332.07	.181	4412.33	241.12
HSC HOSPITALS	826	2,558	3,020,247.52	1180.71	.131	3656.47	154.83
NON-HSC HOSPITAL TOTAL	243	973	1,683,294.10	1730.00	.050	6927.14	86.29
ACCOMMODATIONS	243	973	685,787.20	704.82	.050	2822.17	35.16
ADMINISTRATIVE DAYS	0	0	123.12CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	243	973	685,910.32	704.94	.050	2822.68	35.16
ANCILLARIES	243	0	997,506.90	.00	.000	4104.97	51.14
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	1	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,809	16,742	388,639.16	23.21	.858	80.81	19.92
MEDICAL	176	218	12,563.92	57.63	.011	71.39	.64
SURGERY	188	220	8,287.24	37.67	.011	44.08	.42
PATHOLOGY	2,978	9,271	114,791.67	12.38	.475	38.55	5.88
RADIOLOGY	1,011	1,125	67,749.60	60.22	.058	67.01	3.47
ROOM USE	2,180	3,636	125,462.30	34.51	.186	57.55	6.43
CROSSOVERS/ALL OTH OUTPTNT	1,289	2,272	59,784.43	26.31	.116	46.38	3.06
@COUNTY HOSPITAL TOTAL	3,663	13,883 \$	2,717,655.63	\$ 195.75	.712	\$ 741.92	\$ 139.32
CO HOSPITAL INPATIENT TOTAL	713	2,045	2,439,431.24	1192.88	.105	3421.36	125.05
HSC HOSPITALS	713	2,045	2,439,554.36	1192.94	.105	3421.53	125.06

NON-HSC HOSPITALS TOTAL	0	0	123.12CR	.00	.000	.00	.01CR
ACCOMMODATIONS	0	0	123.12CR	.00	.000	.00	.01CR
ADMINISTRATIVE DAYS	0	0	123.12CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3,249	11,838	278,224.39	23.50	.607	85.63	14.26
MEDICAL	69	76	2,484.64	32.69	.004	36.01	.13
SURGERY	128	148	5,050.38	34.12	.008	39.46	.26
PATHOLOGY	1,824	6,303	75,361.36	11.96	.323	41.32	3.86
RADIOLOGY	614	679	40,357.44	59.44	.035	65.73	2.07
ROOM USE	1,855	3,144	106,674.47	33.93	.161	57.51	5.47
CROSSOVERS/ALL OTH OUTPTNT	954	1,488	48,296.10	32.46	.076	50.62	2.48

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,931
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

	19,507 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,878	6,390	\$	2,374,525.15	\$ 371.60	.328	\$ 1264.39	\$ 121.73
COMM HOSP INPATIENT TOTAL	357	1,486		2,264,110.38	1523.63	.076	6342.05	116.07
HSC HOSPITALS	116	513		580,693.16	1131.96	.026	5005.98	29.77
NON-HSC HOSPITALS TOTAL	243	973		1,683,417.22	1730.13	.050	6927.64	86.30
ACCOMMODATIONS	243	973		685,910.32	704.94	.050	2822.68	35.16
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	243	973		685,910.32	704.94	.050	2822.68	35.16
ANCILLARIES	243	0		997,506.90	.00	.000	4104.97	51.14
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	1	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,643	4,904		110,414.77	22.52	.251	67.20	5.66
MEDICAL	107	142		10,079.28	70.98	.007	94.20	.52
SURGERY	60	72		3,236.86	44.96	.004	53.95	.17
PATHOLOGY	1,174	2,968		39,430.31	13.29	.152	33.59	2.02
RADIOLOGY	399	446		27,392.16	61.42	.023	68.65	1.40
ROOM USE	340	492		18,787.83	38.19	.025	55.26	.96
CROSSOVERS/ALL OTH OUTPTNT	340	784		11,488.33	14.65	.040	33.79	.59
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00

@REHABILITATION FACILITY	1	4	\$	177.79	\$	44.45	.000	\$	177.79	\$	.01
HOSPITAL BASED	1	4		177.79		44.45	.000		177.79		.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,318	2,735	\$	57,208.99	\$	20.92	.140	\$	43.41	\$	2.93
PATHOLOGY	1,317	2,734		57,161.79		20.91	.140		43.40		2.93
XO AND OTHERS	1	1		47.20		47.20	.000		47.20		.00
@ORGANIZED OUTPATIENT CLINIC	3,889	11,218	\$	1,092,979.41	\$	97.43	.575	\$	281.04	\$	56.03
CLINIC	244	1,004		33,452.81		33.32	.051		137.10		1.71
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3,646	10,214		1,059,526.60		103.73	.524		290.60		54.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 7,932
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49										

	19,507 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,240	3,706	\$	163,612.92	\$ 44.15	.190	\$ 131.95	\$ 8.39
DURABLE MED. EQUIP.	42	296		1,799.11	6.08	.015	42.84	.09
BLOOD BANK	1	140		420.00	3.00	.007	420.00	.02
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	49	1,512		33,847.56	22.39	.078	690.77	1.74
AMBULANCES/AIR TRANS	48	1,503		20,272.56	13.49	.077	422.35	1.04
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	9	9		13,575.00	1508.33	.000	1508.33	.70
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	857	862		74,000.75	85.85	.044	86.35	3.79
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	266	722		43,105.38	59.70	.037	162.05	2.21
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	80	174		10,440.12	60.00	.009	130.50	.54
PROSTHETICS	30	104		3,517.84	33.83	.005	117.26	.18
ORTHOTICS	67	70		6,922.28	98.89	.004	103.32	.35
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	57	497	\$	351,989.71	\$ 708.23	.025	\$ 6175.26	\$ 18.04
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 7,933
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76										

	143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	221	509	\$	24,036.16	\$	47.22	3.559	\$	108.76	\$	168.09
@PHYSICIANS SERVICES	86	138	\$	6,325.16	\$	45.83	.965	\$	73.55	\$	44.23
OUTPATIENT VISITS	38	45		1,624.29		36.10	.315		42.74		11.36
OFFICE VISITS	11	13		298.63		22.97	.091		27.15		2.09
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	10	10		507.70		50.77	.070		50.77		3.55
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	14	17		707.68		41.63	.119		50.55		4.95
OTHER OUTPATIENT	4	5		110.28		22.06	.035		27.57		.77
INPATIENT VISITS	8	17		1,211.45		71.26	.119		151.43		8.47
HOSPITAL VISITS	7	12		550.17		45.85	.084		78.60		3.85
CRITICAL CARE	2	5		661.28		132.26	.035		330.64		4.62
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	5	8		1,602.88		200.36	.056		320.58		11.21
PRINCIPAL SURGEON	3	3		1,418.94		472.98	.021		472.98		9.92
ASSISTANT SURGEON	1	1		7.88		7.88	.007		7.88		.06
ANESTHESIOLOGIST	1	4		176.06		44.02	.028		176.06		1.23
OUTPATIENT SURGERY	9	12		637.14		53.10	.084		70.79		4.46
PRINCIPAL SURGEON	8	9		541.29		60.14	.063		67.66		3.79
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	3		95.85		31.95	.021		47.93		.67
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	34	36		726.54		20.18	.252		21.37		5.08
RADIOLOGY	6	6		176.47		29.41	.042		29.41		1.23
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	5		64.03		12.81	.035		32.02		.45
OTHER SERVICES/ALL X-OVERS	9	9		282.36		31.37	.063		31.37		1.97
@PHARMACY	17	72	\$	798.71	\$	11.09	.503	\$	46.98	\$	5.59
PRESCRIPTION DRUGS	16	20		579.80		28.99	.140		36.24		4.05
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	16	20		579.80		28.99	.140		36.24		4.05
MEDICAL SUPPLIES	2	52		218.91		4.21	.364		109.46		1.53
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,934
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

AID CODE 76

----- MONTHLY AVERAGE -----

143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	55	132	\$	6,139.61	\$	46.51	.923	\$	111.63	\$	42.93
HOSP INPATIENT TOTAL	2	2		2,400.01		1200.01	.014		1200.01		16.78
HSC HOSPITALS	2	2		2,400.01		1200.01	.014		1200.01		16.78
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	53	130		3,739.60		28.77	.909		70.56		26.15
MEDICAL	3	6		578.02		96.34	.042		192.67		4.04
SURGERY	1	1		28.49		28.49	.007		28.49		.20
PATHOLOGY	33	62		1,168.69		18.85	.434		35.41		8.17

RADIOLOGY	5	5	249.81	49.96	.035	49.96	1.75
ROOM USE	23	29	1,231.96	42.48	.203	53.56	8.62
CROSSOVERS/ALL OTH OUTPTNT	15	27	482.63	17.88	.189	32.18	3.38
@COUNTY HOSPITAL TOTAL	36	102	\$ 5,214.14	\$ 51.12	.713	\$ 144.84	\$ 36.46
CO HOSPITAL INPATIENT TOTAL	2	2	2,400.01	1200.01	.014	1200.01	16.78
HSC HOSPITALS	2	2	2,400.01	1200.01	.014	1200.01	16.78
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	34	100	2,814.13	28.14	.699	82.77	19.68
MEDICAL	2	5	446.71	89.34	.035	223.36	3.12
SURGERY	1	1	28.49	28.49	.007	28.49	.20
PATHOLOGY	19	38	691.65	18.20	.266	36.40	4.84
RADIOLOGY	4	4	178.93	44.73	.028	44.73	1.25
ROOM USE	22	28	1,096.71	39.17	.196	49.85	7.67
CROSSOVERS/ALL OTH OUTPTNT	12	24	371.64	15.49	.168	30.97	2.60

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,935
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76

143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19	30	\$ 925.47	\$ 30.85	.210	\$ 48.71	\$ 6.47
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	19	30	925.47	30.85	.210	48.71	6.47
MEDICAL	1	1	131.31	131.31	.007	131.31	.92
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	14	24	477.04	19.88	.168	34.07	3.34
RADIOLOGY	1	1	70.88	70.88	.007	70.88	.50
ROOM USE	1	1	135.25	135.25	.007	135.25	.95
CROSSOVERS/ALL OTH OUTPTNT	3	3	110.99	37.00	.021	37.00	.78
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	30	49	\$ 1,173.65	\$ 23.95	.343	\$ 39.12	\$ 8.21
PATHOLOGY	30	49	1,173.65	23.95	.343	39.12	8.21
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	63	116	\$ 9,444.72	\$ 81.42	.811	\$ 149.92	\$ 66.05
CLINIC	13	50	1,284.96	25.70	.350	98.84	8.99
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	50	66	8,159.76	123.63	.462	163.20	57.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						
	AID CODE 76						

PAGE 7,936
01/17/03

143 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	2	\$ 154.31	\$ 77.16	.014	\$ 77.16	\$ 1.08
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	41.00	41.00	.007	41.00	.29
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	1	1	113.31	113.31	.007	113.31	.79
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	9	\$ 922.01	\$ 102.45	.063	\$ 307.34	\$ 6.45
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

		----- MONTHLY AVERAGE -----						
19,706 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	15,025	66,916	\$ 8,932,627.64	\$ 133.49	3.396	\$ 594.52	\$ 453.29	
@PHYSICIANS SERVICES	5,625	17,272	\$ 1,232,847.50	\$ 71.38	.876	\$ 219.17	\$ 62.56	
OUTPATIENT VISITS	2,401	5,890	230,991.47	39.22	.299	96.21	11.72	
OFFICE VISITS	371	435	15,841.20	36.42	.022	42.70	.80	
HOME VISITS	5	5	197.00	39.40	.000	39.40	.01	
EMERGENCY ROOM	448	478	29,212.83	61.11	.024	65.21	1.48	
PREVENTIVE CARE	8	8	306.52	38.32	.000	38.32	.02	
OB VISITS/COMPRE PERI	1,571	4,770	179,278.92	37.58	.242	114.12	9.10	
OTHER OUTPATIENT	161	194	6,155.00	31.73	.010	38.23	.31	
INPATIENT VISITS	1,239	3,358	271,882.50	80.97	.170	219.44	13.80	
HOSPITAL VISITS	1,103	2,254	106,345.67	47.18	.114	96.41	5.40	
CRITICAL CARE	198	1,104	165,536.83	149.94	.056	836.04	8.40	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	4	11	632.52	57.50	.001	158.13	.03	
EXAMINATIONS	4	11	632.52	57.50	.001	158.13	.03	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	1,067	2,488	548,898.88	220.62	.126	514.43	27.85	
PRINCIPAL SURGEON	882	928	493,412.88	531.69	.047	559.43	25.04	
ASSISTANT SURGEON	74	74	11,185.42	151.15	.004	151.15	.57	
ANESTHESIOLOGIST	209	1,486	44,300.58	29.81	.075	211.96	2.25	
OUTPATIENT SURGERY	378	726	45,694.96	62.94	.037	120.89	2.32	
PRINCIPAL SURGEON	349	444	38,179.94	85.99	.023	109.40	1.94	
ASSISTANT SURGEON	1	1	208.68	208.68	.000	208.68	.01	
ANESTHESIOLOGIST	123	281	7,306.34	26.00	.014	59.40	.37	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	725	1,285	18,874.14	14.69	.065	26.03	.96	
RADIOLOGY	1,702	2,116	74,388.27	35.16	.107	43.71	3.77	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	154	407	4,543.84	11.16	.021	29.51	.23	
OTHER SERVICES/ALL X-OVERS	633	991	36,940.92	37.28	.050	58.36	1.87	
@PHARMACY	2,696	6,113	\$ 174,791.98	\$ 28.59	.310	\$ 64.83	\$ 8.87	
PRESCRIPTION DRUGS	2,572	5,300	118,956.99	22.44	.269	46.25	6.04	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	2,572	5,300	118,956.99	22.44	.269	46.25	6.04	
MEDICAL SUPPLIES	326	813	55,834.99	68.68	.041	171.27	2.83	
@DENTIST	41	127	\$ 2,724.00	\$ 21.45	.006	\$ 66.44	\$.14	
VISITS - DIAGNOSTIC	26	79	634.00	8.03	.004	24.38	.03	
ORAL SURGERY	9	13	1,225.00	94.23	.001	136.11	.06	
DRUGS	1	1	15.00	15.00	.000	15.00	.00	
ANESTHESIA	3	3	200.00	66.67	.000	66.67	.01	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	2	3	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	10	26	650.00	25.00	.001	65.00	.03	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	2	2	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00	

19,706 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	2	3	\$ 164.16	\$ 54.72	.000		\$ 82.08	\$.01
MEDICINE/INJECTIONS	2	3	164.16	54.72	.000		82.08	.01
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	403	476	\$ 31,507.37	\$ 66.19	.024		\$ 78.18	\$ 1.60
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
@TOTAL HOSPITAL	5,591	21,398	\$ 5,887,210.03	\$ 275.13	1.086		\$ 1052.98	\$ 298.75
HOSP INPATIENT TOTAL	1,110	4,010	5,448,874.04	1358.82	.203		4908.90	276.51
HSC HOSPITALS	869	3,036	3,761,433.53	1238.94	.154		4328.46	190.88
NON-HSC HOSPITAL TOTAL	244	974	1,687,440.51	1732.49	.049		6915.74	85.63
ACCOMMODATIONS	244	974	687,539.50	705.89	.049		2817.78	34.89
ADMINISTRATIVE DAYS	0	0	123.12CR	.00	.000		.00	.01CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	244	974	687,662.62	706.02	.049		2818.29	34.90
ANCILLARIES	244	0	999,901.01	.00	.000		4097.95	50.74
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	1	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	4,941	17,388	438,335.99	25.21	.882		88.71	22.24
MEDICAL	201	264	16,368.08	62.00	.013		81.43	.83
SURGERY	192	224	8,586.60	38.33	.011		44.72	.44
PATHOLOGY	3,032	9,660	117,807.29	12.20	.490		38.85	5.98
RADIOLOGY	1,029	1,149	69,764.98	60.72	.058		67.80	3.54
ROOM USE	2,249	3,750	129,404.44	34.51	.190		57.54	6.57
CROSSOVERS/ALL OTH OUTPTNT	1,333	2,341	96,404.60	41.18	.119		72.32	4.89
@COUNTY HOSPITAL TOTAL	3,729	14,120	\$ 2,825,152.62	\$ 200.08	.717		\$ 757.62	\$ 143.37
CO HOSPITAL INPATIENT TOTAL	730	2,128	2,540,399.25	1193.80	.108		3480.00	128.92
HSC HOSPITALS	730	2,128	2,540,522.37	1193.85	.108		3480.17	128.92
NON-HSC HOSPITALS TOTAL	0	0	123.12CR	.00	.000		.00	.01CR
ACCOMMODATIONS	0	0	123.12CR	.00	.000		.00	.01CR
ADMINISTRATIVE DAYS	0	0	123.12CR	.00	.000		.00	.01CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	3,298	11,992	284,753.37	23.75	.609		86.34	14.45
MEDICAL	75	89	3,558.12	39.98	.005		47.44	.18
SURGERY	129	149	5,078.87	34.09	.008		39.37	.26
PATHOLOGY	1,843	6,341	76,053.01	11.99	.322		41.27	3.86

RADIOLOGY	621	689	40,710.12	59.09	.035	65.56	2.07
ROOM USE	1,889	3,199	108,685.68	33.97	.162	57.54	5.52
CROSSOVERS/ALL OTH OUTPTNT	972	1,525	50,667.57	33.22	.077	52.13	2.57

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,939
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

	19,706 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,980	7,278	\$	3,062,057.41	\$ 420.73	.369	\$ 1546.49	\$ 155.39
COMM HOSP INPATIENT TOTAL	386	1,882		2,908,474.79	1545.42	.096	7534.91	147.59
HSC HOSPITALS	144	908		1,220,911.16	1344.62	.046	8478.55	61.96
NON-HSC HOSPITALS TOTAL	244	974		1,687,563.63	1732.61	.049	6916.24	85.64
ACCOMMODATIONS	244	974		687,662.62	706.02	.049	2818.29	34.90
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	244	974		687,662.62	706.02	.049	2818.29	34.90
ANCILLARIES	244	0		999,901.01	.00	.000	4097.95	50.74
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	1	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,726	5,396		153,582.62	28.46	.274	88.98	7.79
MEDICAL	126	175		12,809.96	73.20	.009	101.67	.65
SURGERY	63	75		3,507.73	46.77	.004	55.68	.18
PATHOLOGY	1,209	3,319		41,754.28	12.58	.168	34.54	2.12
RADIOLOGY	410	460		29,054.86	63.16	.023	70.87	1.47
ROOM USE	375	551		20,718.76	37.60	.028	55.25	1.05
CROSSOVERS/ALL OTH OUTPTNT	366	816		45,737.03	56.05	.041	124.96	2.32
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	3	7	\$ 281.10	\$ 40.16	.000	\$ 93.70	\$.01
HOSPITAL BASED	3	7	281.10	40.16	.000	93.70	.01
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,348	2,784	\$ 58,382.64	\$ 20.97	.141	\$ 43.31	\$ 2.96
PATHOLOGY	1,347	2,783	58,335.44	20.96	.141	43.31	2.96
XO AND OTHERS	1	1	47.20	47.20	.000	47.20	.00
@ORGANIZED OUTPATIENT CLINIC	6,273	14,898	\$ 1,375,548.76	\$ 92.33	.756	\$ 219.28	\$ 69.80
CLINIC	258	1,055	34,856.22	33.04	.054	135.10	1.77
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6,016	13,843	1,340,692.54	96.85	.702	222.85	68.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76						

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19,706 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,269	3,838	\$ 169,170.10	\$ 44.08	.195	\$ 133.31	\$ 8.58
DURABLE MED. EQUIP.	49	337	2,347.09	6.96	.017	47.90	.12
BLOOD BANK	1	140	420.00	3.00	.007	420.00	.02
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	50	1,575	36,832.20	23.39	.080	736.64	1.87
AMBULANCES/AIR TRANS	49	1,565	21,457.20	13.71	.079	437.90	1.09
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	10	10	15,375.00	1537.50	.001	1537.50	.78
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	876	881	74,855.75	84.97	.045	85.45	3.80
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	267	723	43,218.69	59.78	.037	161.87	2.19
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	82	182	11,496.37	63.17	.009	140.20	.58
PROSTHETICS	32	112	4,574.09	40.84	.006	142.94	.23
ORTHOTICS	67	70	6,922.28	98.89	.004	103.32	.35
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	347	3,115	\$ 1,293,210.81	\$ 415.16	.158	\$ 3726.83	\$ 65.63
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

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01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	240	1,194	\$ 54,551.27	\$ 45.69	1194.000	\$	227.30	\$ 54551.27
@PHYSICIANS SERVICES	1	3	\$ 4.26	\$ 1.42	3.000	\$	4.26	\$ 4.26
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	1	3	4.26	1.42	3.000		4.26	4.26
@PHARMACY	38	57	\$ 4,034.97	\$ 70.79	57.000	\$	106.18	\$ 4034.97
PRESCRIPTION DRUGS	38	57	4,034.97	70.79	57.000		106.18	4034.97
SNF/ICF	7	11	873.07	79.37	11.000		124.72	873.07
OUTPATIENTS	31	46	3,161.90	68.74	46.000		102.00	3161.90
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	87	318	\$ 13,337.28	\$ 41.94	318.000	\$	153.30	\$ 13337.28
VISITS - DIAGNOSTIC	61	211	2,732.53	12.95	211.000		44.80	2732.53
ORAL SURGERY	9	23	1,090.00	47.39	23.000		121.11	1090.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	2	3	200.00	66.67	3.000		100.00	200.00
PERIODONTICS	1	1	200.00	200.00	1.000		200.00	200.00
ENDODONTICS	1	2	475.00	237.50	2.000		475.00	475.00
RESTORATIVE DENTISTRY	23	45	3,286.75	73.04	45.000		142.90	3286.75
PROSTHETICS	0	0	.00	.00	.000		.00	.00

DENTURES, STAYPLATES	20	33	5,353.00	162.21	33.000	267.65	5353.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,942
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	7	\$ 53.31	\$ 7.62	7.000	\$ 26.66	\$ 53.31
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	7	53.31	7.62	7.000	26.66	53.31
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	7	53.31	7.62	7.000	26.66	53.31
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,943
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	7	\$ 53.31	\$ 7.62	7.000	\$ 26.66	\$ 53.31
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	7	53.31	7.62	7.000	26.66	53.31
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	7	53.31	7.62	7.000	26.66	53.31
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	21	27	\$	2,216.89	\$	82.11	27.000	\$	105.57	\$	2216.89
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	21	27		2,216.89		82.11	27.000		105.57		2216.89

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,944
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	109	782	\$ 34,904.56	\$ 44.63	782.000	\$ 320.23	\$ 34904.56	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	1	3	38.38	12.79	3.000	38.38	38.38	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	1	3	38.38	12.79	3.000	38.38	38.38	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	1	7	465.78	66.54	7.000	465.78	465.78	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	72	689	33,330.50	48.38	689.000	462.92	33330.50	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	36	79	981.97	12.43	79.000	27.28	981.97	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	1	1	52.70	52.70	1.000	52.70	52.70	

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	3		35.23	11.74	3.000	17.62	35.23
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	3	16	\$	131.18	\$	8.20	16.000	\$ 43.73 \$ 131.18

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,945
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND	AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1	2	\$ 55.00	\$ 27.50	.000	\$ 55.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	2	\$ 55.00	\$ 27.50	.000	\$ 55.00	\$.00
VISITS - DIAGNOSTIC	1	2	55.00	27.50	.000	55.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,946
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,947
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND						AID CODES 26 6A
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,948
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	.000	\$	.00
DURABLE MED. EQUIP.	0	0		.00	.000		.00
BLOOD BANK	0	0		.00	.000		.00
HEARING AID DISPENSERS	0	0		.00	.000		.00
MEDICAL TRANSPORTATION	0	0		.00	.000		.00
AMBULANCES/AIR TRANS	0	0		.00	.000		.00
OTHER TRANS	0	0		.00	.000		.00
OTHER SERVICES	0	0		.00	.000		.00
ACUPUNCTURE	0	0		.00	.000		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.000		.00
GENETIC DISEASE TESTING	0	0		.00	.000		.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.000		.00
OCCUPATIONAL THERAPIST	0	0		.00	.000		.00
OPTICIAN	0	0		.00	.000		.00
PHYSICAL THERAPIST	0	0		.00	.000		.00
PORTABLE X-RAY	0	0		.00	.000		.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.000		.00
PROSTHETICS	0	0		.00	.000		.00
ORTHOTICS	0	0		.00	.000		.00
PSYCHOLOGIST	0	0		.00	.000		.00
SPEECH AND AUDIOLOGY	0	0		.00	.000		.00
HOSPICE SERVICES	0	0		.00	.000		.00
NONINST BIRTHING CENTERS	0	0		.00	.000		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.000		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.000		.00
RESPIRATORY CARE PRACT.	0	0		.00	.000		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.000		.00
ALL OTHER PROVIDERS	0	0		.00	.000		.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,949
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	374	1,194	\$	143,637.05	\$	120.30	1194.000	\$	384.06	\$143637.05
@PHYSICIANS SERVICES	1	1	\$	36.57	\$	36.57	1.000	\$	36.57	\$ 36.57
OUTPATIENT VISITS	1	1		36.57		36.57	1.000		36.57	36.57
OFFICE VISITS	1	1		36.57		36.57	1.000		36.57	36.57
HOME VISITS	0	0		.00		.00	.000		.00	.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00	.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00	.00
INPATIENT VISITS	0	0		.00		.00	.000		.00	.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00	.00
CRITICAL CARE	0	0		.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00	.00
EXAMINATIONS	0	0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	.00
DIALYSIS	0	0		.00		.00	.000		.00	.00
PATHOLOGY	0	0		.00		.00	.000		.00	.00
RADIOLOGY	0	0		.00		.00	.000		.00	.00
PSYCHIATRY	0	0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00	.00
@PHARMACY	245	563	\$	109,157.67	\$	193.89	563.000	\$	445.54	\$109157.67
PRESCRIPTION DRUGS	245	563		109,157.67		193.89	563.000		445.54	109157.67

SNF/ICF	7	27		5,667.88	209.92	27.000	809.70	5667.88
OUTPATIENTS	238	536		103,489.79	193.08	536.000	434.83	103489.79
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	107	513	\$	26,794.58	\$ 52.23	513.000	\$ 250.42	\$ 26794.58
VISITS - DIAGNOSTIC	60	280		3,134.57	11.19	280.000	52.24	3134.57
ORAL SURGERY	14	58		3,155.00	54.40	58.000	225.36	3155.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	4	4		300.00	75.00	4.000	75.00	300.00
PERIODONTICS	8	8		1,455.00	181.88	8.000	181.88	1455.00
ENDODONTICS	9	19		3,070.00	161.58	19.000	341.11	3070.00
RESTORATIVE DENTISTRY	35	98		8,784.50	89.64	98.000	250.99	8784.50
PROSTHETICS	1	1		30.00	30.00	1.000	30.00	30.00
DENTURES, STAYPLATES	14	45		6,865.51	152.57	45.000	490.39	6865.51
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,950
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	4	20	\$ 2,645.28	\$ 132.26	20.000	\$ 661.32	\$ 2645.28	
HOSP INPATIENT TOTAL	2	14	1,604.00	114.57	14.000	802.00	1604.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	2	14	1,604.00	114.57	14.000	802.00	1604.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	3	6	1,041.28	173.55	6.000	347.09	1041.28	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	

RADIOLOGY	0	0		964.38	.00	.000	.00	964.38
ROOM USE	1	1		33.86	33.86	1.000	33.86	33.86
CROSSOVERS/ALL OTH OUTPTNT	2	5		43.04	8.61	5.000	21.52	43.04
@COUNTY HOSPITAL TOTAL	2	13	\$	825.86	\$ 63.53	13.000	\$ 412.93	\$ 825.86
CO HOSPITAL INPATIENT TOTAL	1	12		792.00	66.00	12.000	792.00	792.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	12		792.00	66.00	12.000	792.00	792.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1		33.86	33.86	1.000	33.86	33.86
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		33.86	33.86	1.000	33.86	33.86
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 7,951
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C							

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	7	\$ 1,819.42	\$ 259.92	7.000	\$ 909.71	\$ 1819.42
COMM HOSP INPATIENT TOTAL	1	2	812.00	406.00	2.000	812.00	812.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	2	812.00	406.00	2.000	812.00	812.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	5	1,007.42	201.48	5.000	503.71	1007.42
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	964.38	.00	.000	.00	964.38
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	5	43.04	8.61	5.000	21.52	43.04
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	2CR	\$ 1,960.76	\$ 980.38CR	2.000CR\$	.00	\$ 1960.76
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	2CR	1,960.76	980.38CR	2.000CR	.00	1960.76
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$	.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$	.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	37	44	\$ 3,225.22	\$ 73.30	44.000 \$	87.17	\$ 3225.22
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	37	44	3,225.22	73.30	44.000	87.17	3225.22

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,952

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	25	55	\$ 183.03CR	\$ 3.33CR	55.000	\$ 7.32CR\$	183.03CR
DURABLE MED. EQUIP.	0	2CR	859.03CR	429.52	2.000CR	.00	859.03CR
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	25	57	676.00	11.86	57.000	27.04	676.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	2	\$ 1,034.81	\$ 517.41	2.000	\$ 517.41	\$ 1034.81
@XOVER EXCLUDING STATE HOSP**	3	3	\$ 3,607.80	\$ 1202.60	3.000	\$ 1202.60	\$ 3607.80

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

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01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,956
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	.00	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	.00	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 7,957

MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	615	2,390	\$ 198,243.32	\$ 82.95	1195.000	\$ 322.35	\$ 99121.66	
@PHYSICIANS SERVICES	2	4	\$ 40.83	\$ 10.21	2.000	\$ 20.42	\$ 20.42	
OUTPATIENT VISITS	1	1	36.57	36.57	.500	36.57	18.29	
OFFICE VISITS	1	1	36.57	36.57	.500	36.57	18.29	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	1	3	4.26	1.42	1.500	4.26	2.13	
@PHARMACY	283	620	\$ 113,192.64	\$ 182.57	310.000	\$ 399.97	\$ 56596.32	
PRESCRIPTION DRUGS	283	620	113,192.64	182.57	310.000	399.97	56596.32	
SNF/ICF	14	38	6,540.95	172.13	19.000	467.21	3270.48	
OUTPATIENTS	269	582	106,651.69	183.25	291.000	396.47	53325.85	
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00	
@DENTIST	195	833	\$ 40,186.86	\$ 48.24	416.500	\$ 206.09	\$ 20093.43	
VISITS - DIAGNOSTIC	122	493	5,922.10	12.01	246.500	48.54	2961.05	
ORAL SURGERY	23	81	4,245.00	52.41	40.500	184.57	2122.50	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	6	7	500.00	71.43	3.500	83.33	250.00	
PERIODONTICS	9	9	1,655.00	183.89	4.500	183.89	827.50	
ENDODONTICS	10	21	3,545.00	168.81	10.500	354.50	1772.50	
RESTORATIVE DENTISTRY	58	143	12,071.25	84.41	71.500	208.13	6035.63	
PROSTHETICS	1	1	30.00	30.00	.500	30.00	15.00	

DENTURES, STAYPLATES	34	78	12,218.51	156.65	39.000	359.37	6109.26
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD

PAGE 7,958
01/17/03

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6	27	\$ 2,698.59	\$ 99.95	13.500	\$ 449.77	\$ 1349.30
HOSP INPATIENT TOTAL	2	14	1,604.00	114.57	7.000	802.00	802.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	14	1,604.00	114.57	7.000	802.00	802.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	13	1,094.59	84.20	6.500	218.92	547.30
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	964.38	.00	.000	.00	482.19
ROOM USE	1	1	33.86	33.86	.500	33.86	16.93
CROSSOVERS/ALL OTH OUTPTNT	4	12	96.35	8.03	6.000	24.09	48.18
@COUNTY HOSPITAL TOTAL	2	13	\$ 825.86	\$ 63.53	6.500	\$ 412.93	\$ 412.93
CO HOSPITAL INPATIENT TOTAL	1	12	792.00	66.00	6.000	792.00	396.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	1	12	792.00	66.00	6.000	792.00	396.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	33.86	33.86	.500	33.86	16.93
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.86	33.86	.500	33.86	16.93
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,959
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	14	\$ 1,872.73	\$ 133.77	7.000	\$ 468.18	\$ 936.37
COMM HOSP INPATIENT TOTAL	1	2	812.00	406.00	1.000	812.00	406.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	2	812.00	406.00	1.000	812.00	406.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	12	1,060.73	88.39	6.000	265.18	530.37
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	964.38	.00	.000	.00	482.19
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	4	12		96.35		8.03	6.000	24.09	48.18
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	2CR	\$	1,960.76	\$	980.38CR	1.000CR\$	.00	\$ 980.38
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	2CR		1,960.76		980.38CR	1.000CR	.00	980.38
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	58	71	\$	5,442.11	\$	76.65	35.500	\$ 93.83	\$ 2721.06
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	58	71		5,442.11		76.65	35.500	93.83	2721.06

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,960
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	134	837	\$ 34,721.53	\$ 41.48	418.500	\$ 259.12	\$ 17360.77	
DURABLE MED. EQUIP.	0	2CR	859.03CR	429.52	1.000CR	.00	429.52CR	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	1	3	38.38	12.79	1.500	38.38	19.19	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	1	3	38.38	12.79	1.500	38.38	19.19	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	1	7	465.78	66.54	3.500	465.78	232.89	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	72	689	33,330.50	48.38	344.500	462.92	16665.25	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	61	136	1,657.97	12.19	68.000	27.18	828.99	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	1	1	52.70	52.70	.500	52.70	26.35	

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	3		35.23	11.74	1.500	17.62	17.62
@CALIF. CHILDREN SERVICES*	2	2	\$	1,034.81	\$ 517.41	1.000	\$ 517.41	\$ 517.41
@XOVER EXCLUDING STATE HOSP**	6	19	\$	3,738.98	\$ 196.79	9.500	\$ 623.16	\$ 1869.49

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,961
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED	AID CODE 18	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	516	3,408	\$ 210,455.06	\$ 61.75	.000	\$ 407.86	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	90	125	\$ 16,251.73	\$ 130.01	.000	\$ 180.57	\$.00
PRESCRIPTION DRUGS	90	125	16,251.73	130.01	.000	180.57	.00
SNF/ICF	6	11	1,002.10	91.10	.000	167.02	.00
OUTPATIENTS	84	114	15,249.63	133.77	.000	181.54	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	118	418	\$ 24,980.42	\$ 59.76	.000	\$ 211.70	\$.00
VISITS - DIAGNOSTIC	76	209	3,432.67	16.42	.000	45.17	.00
ORAL SURGERY	14	62	3,785.00	61.05	.000	270.36	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	5	6	500.00	83.33	.000	100.00	.00
PERIODONTICS	5	5	800.00	160.00	.000	160.00	.00
ENDODONTICS	1	1	475.00	475.00	.000	475.00	.00
RESTORATIVE DENTISTRY	19	43	3,261.00	75.84	.000	171.63	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	36	91	12,726.75	139.85	.000	353.52	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,962
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1	1	\$ 356.56	\$ 356.56	.000	\$ 356.56	\$.00
HOSP INPATIENT TOTAL	1	1	356.56	356.56	.000	356.56	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	1	356.56	356.56	.000	356.56	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,963
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1	\$ 356.56	\$ 356.56	.000	\$ 356.56	\$.00
COMM HOSP INPATIENT TOTAL	1	1	356.56	356.56	.000	356.56	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	1	356.56	356.56	.000	356.56	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ 1,056.34	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	1,056.34	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	22	24	\$	1,891.09	\$	78.80	.000	\$	85.96	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	22	24		1,891.09		78.80	.000		85.96		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,964
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	327	2,840	\$ 165,918.92	\$ 58.42	.000	\$ 507.40	\$.00
DURABLE MED. EQUIP.	1	2	98.83	49.42	.000	98.83	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	38	666	42,807.60	64.28	.000	1126.52	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	260	1,863	121,745.00	65.35	.000	468.25	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	40	82	1,083.11	13.21	.000	27.08	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	227		184.38	.81	.000	184.38	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	2	\$	1,466.17	\$	.000	733.09	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,965
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	22	274	\$ 20,532.31	\$ 74.94	.000	\$ 933.29	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	4	20	\$ 2,528.00	\$ 126.40	.000	\$ 632.00	\$.00
VISITS - DIAGNOSTIC	2	11	156.00	14.18	.000	78.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	200.00	200.00	.000	200.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	8	2,172.00	271.50	.000	1086.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,966
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,967
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	8	20	\$	1,329.33	\$	66.47	\$	166.17
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	8	20		1,329.33	66.47	.000	166.17	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,968
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10	234	\$ 16,674.98	\$ 71.26	.000	\$ 1667.50	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	8	209	13,524.29	64.71	.000	1690.54	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	8	25	3,150.69	126.03	.000	393.84	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
MOP024
MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

PAGE 7,969
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	291	993	\$ 88,362.68	\$ 88.99	.000	\$ 303.65	\$.00	
@PHYSICIANS SERVICES	4	4	\$ 234.04	\$ 58.51	.000	\$ 58.51	\$.00	
OUTPATIENT VISITS	3	3	151.55	50.52	.000	50.52	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	1	1	95.48	95.48	.000	95.48	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	2	2	56.07	28.04	.000	28.04	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	

RADIOLOGY	1	1		82.49	82.49	.000	82.49	.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00	
@PHARMACY	130	277	\$	47,685.04	\$ 172.15	.000	\$ 366.81	\$.00	
PRESCRIPTION DRUGS	129	242		46,442.58	191.91	.000	360.02	.00	
SNF/ICF	0	0		.00	.00	.000	.00	.00	
OUTPATIENTS	129	242		46,442.58	191.91	.000	360.02	.00	
MEDICAL SUPPLIES	10	35		1,242.46	35.50	.000	124.25	.00	
@DENTIST	77	350	\$	13,435.49	\$ 38.39	.000	\$ 174.49	\$.00	
VISITS - DIAGNOSTIC	58	229		2,797.49	12.22	.000	48.23	.00	
ORAL SURGERY	12	43		2,036.00	47.35	.000	169.67	.00	
DRUGS	1	1		.00	.00	.000	.00	.00	
ANESTHESIA	1	2		.00	.00	.000	.00	.00	
PERIODONTICS	6	6		1,200.00	200.00	.000	200.00	.00	
ENDODONTICS	2	3		402.00	134.00	.000	201.00	.00	
RESTORATIVE DENTISTRY	21	55		5,355.00	97.36	.000	255.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	6	9		1,645.00	182.78	.000	274.17	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	1	1		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	1	1		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 7,970
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED								AID CODE 68

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	44	\$ 3,293.84	\$ 74.86	.000	\$ 3293.84	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	5	21	\$ 1,037.32	\$ 49.40	.000	\$ 207.46	\$.00
HOSP INPATIENT TOTAL	2	16	791.58	49.47	.000	395.79	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	157.95CR	.00	.000	.00	.00
ACCOMMODATIONS	0	0	157.95CR	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	157.95CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	2	16		949.53	59.35	.000	474.77	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	5		245.74	49.15	.000	81.91	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	3		19.76	6.59	.000	19.76	.00
RADIOLOGY	1	1		168.59	168.59	.000	168.59	.00
ROOM USE	1	1		55.42	55.42	.000	55.42	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		1.97	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	1	15	\$	911.50	\$ 60.77	.000	\$ 911.50	\$.00
CO HOSPITAL INPATIENT TOTAL	1	15		812.00	54.13	.000	812.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	15		812.00	54.13	.000	812.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		99.50	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		74.32	.00	.000	.00	.00
ROOM USE	0	0		23.21	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		1.97	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,971
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	6	\$ 125.82	\$ 20.97	.000	\$ 31.46	\$.00
COMM HOSP INPATIENT TOTAL	1	1	20.42CR	20.42CR	.000	20.42CR	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	157.95CR	.00	.000	.00	.00
ACCOMMODATIONS	0	0	157.95CR	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	157.95CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	1	137.53	137.53	.000	137.53	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	5	146.24	29.25	.000	48.75	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	19.76	6.59	.000	19.76	.00
RADIOLOGY	1	1	94.27	94.27	.000	94.27	.00
ROOM USE	1	1	32.21	32.21	.000	32.21	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ 1,613.09	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	1,613.09	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	59	81	\$ 6,032.02	\$ 74.47	.000	\$ 102.24	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	59	81	6,032.02	74.47	.000	102.24	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,972
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	47	216	\$ 15,031.84	\$ 69.59	.000	\$ 319.83	\$.00
DURABLE MED. EQUIP.	3	9	1,402.55	155.84	.000	467.52	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	4CR	115.36CR	28.84	.000	.00	.00
AMBULANCES/AIR TRANS	0	4CR	115.36CR	28.84	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	4	94	6,264.75	66.65	.000	1566.19	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	18	56	6,132.90	109.52	.000	340.72	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	22	61	726.00	11.90	.000	33.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0		621.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	19	111	\$	10,305.80	\$	92.85	.000	\$ 542.41	\$.00
@XOVER EXCLUDING STATE HOSP**	2	0	\$	3,183.62	\$	.00	.000	\$ 1591.81	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 7,973

MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	829	4,675	\$ 319,350.05	\$ 68.31	.000	\$	385.22	\$.00
@PHYSICIANS SERVICES	4	4	\$ 234.04	\$ 58.51	.000	\$	58.51	\$.00
OUTPATIENT VISITS	3	3	151.55	50.52	.000		50.52	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	1	1	95.48	95.48	.000		95.48	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	2	2	56.07	28.04	.000		28.04	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	1	1	82.49	82.49	.000		82.49	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	220	402	\$ 63,936.77	\$ 159.05	.000	\$	290.62	\$.00
PRESCRIPTION DRUGS	219	367	62,694.31	170.83	.000		286.28	.00
SNF/ICF	6	11	1,002.10	91.10	.000		167.02	.00
OUTPATIENTS	213	356	61,692.21	173.29	.000		289.63	.00
MEDICAL SUPPLIES	10	35	1,242.46	35.50	.000		124.25	.00
@DENTIST	199	788	\$ 40,943.91	\$ 51.96	.000	\$	205.75	\$.00
VISITS - DIAGNOSTIC	136	449	6,386.16	14.22	.000		46.96	.00
ORAL SURGERY	26	105	5,821.00	55.44	.000		223.88	.00
DRUGS	1	1	.00	.00	.000		.00	.00
ANESTHESIA	6	8	500.00	62.50	.000		83.33	.00
PERIODONTICS	12	12	2,200.00	183.33	.000		183.33	.00
ENDODONTICS	3	4	877.00	219.25	.000		292.33	.00
RESTORATIVE DENTISTRY	42	106	10,788.00	101.77	.000		256.86	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00

DENTURES, STAYPLATES	42	100	14,371.75	143.72	.000	342.18	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	2	2	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,974
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	1	44	\$ 3,293.84	\$ 74.86	.000	\$ 3293.84	\$.00	
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00	
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00	
@TOTAL HOSPITAL	6	22	\$ 1,393.88	\$ 63.36	.000	\$ 232.31	\$.00	
HOSP INPATIENT TOTAL	3	17	1,148.14	67.54	.000	382.71	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	

NON-HSC HOSPITAL TOTAL	0	0	157.95CR	.00	.000	.00	.00
ACCOMMODATIONS	0	0	157.95CR	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	157.95CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	17	1,306.09	76.83	.000	435.36	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	5	245.74	49.15	.000	81.91	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	19.76	6.59	.000	19.76	.00
RADIOLOGY	1	1	168.59	168.59	.000	168.59	.00
ROOM USE	1	1	55.42	55.42	.000	55.42	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	1.97	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	1	15	\$ 911.50	\$ 60.77	.000	\$ 911.50	\$.00
CO HOSPITAL INPATIENT TOTAL	1	15	812.00	54.13	.000	812.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	15	812.00	54.13	.000	812.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	99.50	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	74.32	.00	.000	.00	.00
ROOM USE	0	0	23.21	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	1.97	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,975
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	7	\$ 482.38	\$ 68.91	.000 \$ 96.48	\$.00
COMM HOSP INPATIENT TOTAL	2	2	336.14	168.07	.000 168.07	.00
HSC HOSPITALS	0	0	.00	.00	.000 .00	.00
NON-HSC HOSPITALS TOTAL	0	0	157.95CR	.00	.000 .00	.00
ACCOMMODATIONS	0	0	157.95CR	.00	.000 .00	.00
ADMINISTRATIVE DAYS	0	0	157.95CR	.00	.000 .00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00	.00
ANCILLARIES	0	0	.00	.00	.000 .00	.00
INPATIENT CROSSOVERS	2	2	494.09	247.05	.000 247.05	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00	.00
COMM HOSP OUTPATIENT TOTAL	3	5	146.24	29.25	.000 48.75	.00
MEDICAL	0	0	.00	.00	.000 .00	.00
SURGERY	0	0	.00	.00	.000 .00	.00
PATHOLOGY	1	3	19.76	6.59	.000 19.76	.00
RADIOLOGY	1	1	94.27	94.27	.000 94.27	.00
ROOM USE	1	1	32.21	32.21	.000 32.21	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	2,669.43	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		2,669.43		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	89	125	\$	9,252.44	\$	74.02	.000	\$ 103.96	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	89	125		9,252.44		74.02	.000	103.96	.00

#CALIF DEPT OF HEALTH SERV MOP024
MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT

PAGE 7,976
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@ALL OTHER PROVIDERS	384	3,290	\$ 197,625.74	\$ 60.07	.000	\$ 514.65	\$.00
DURABLE MED. EQUIP.	4	11	1,501.38	136.49	.000	375.35	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	4CR	115.36CR	28.84	.000	.00	.00
AMBULANCES/AIR TRANS	0	4CR	115.36CR	28.84	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	50	969	62,596.64	64.60	.000	1251.93	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	286	1,944	131,028.59	67.40	.000	458.14	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	62	143	1,809.11	12.65	.000	29.18	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	227		805.38	3.55	.000	805.38	.00
@CALIF. CHILDREN SERVICES*	19	111	\$	10,305.80	\$ 92.85	.000	\$ 542.41	\$.00
@XOVER EXCLUDING STATE HOSP**	4	2	\$	4,649.79	\$ 2324.90	.000	\$ 1162.45	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,977
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED	

70 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,569	21,198	\$ 1,140,215.86	\$ 53.79	302.829	\$ 249.55	\$ 16288.80
@PHYSICIANS SERVICES	18	63	\$ 1,274.71	\$ 20.23	.900	\$ 70.82	\$ 18.21
OUTPATIENT VISITS	2	2	74.90	37.45	.029	37.45	1.07
OFFICE VISITS	1	1	30.30	30.30	.014	30.30	.43
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.014	44.60	.64
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	6	227.90	37.98	.086	75.97	3.26
HOSPITAL VISITS	3	6	227.90	37.98	.086	75.97	3.26
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	15	55	971.91	17.67	.786	64.79	13.88
@PHARMACY	656	4,237	\$ 115,582.80	\$ 27.28	60.529	\$ 176.19	\$ 1651.18
PRESCRIPTION DRUGS	652	950	114,934.85	120.98	13.571	176.28	1641.93
SNF/ICF	108	177	19,635.63	110.94	2.529	181.81	280.51
OUTPATIENTS	545	773	95,299.22	123.28	11.043	174.86	1361.42
MEDICAL SUPPLIES	7	3,287	647.95	.20	46.957	92.56	9.26
@DENTIST	1,535	6,391	\$ 344,587.40	\$ 53.92	91.300	\$ 224.49	\$ 4922.68
VISITS - DIAGNOSTIC	972	3,686	46,826.36	12.70	52.657	48.18	668.95
ORAL SURGERY	247	773	39,863.34	51.57	11.043	161.39	569.48

DRUGS	1	1	15.00	15.00	.014	15.00	.21
ANESTHESIA	24	27	2,311.00	85.59	.386	96.29	33.01
PERIODONTICS	92	91	15,660.00	172.09	1.300	170.22	223.71
ENDODONTICS	57	73	16,749.00	229.44	1.043	293.84	239.27
RESTORATIVE DENTISTRY	340	919	83,140.75	90.47	13.129	244.53	1187.73
PROSTHETICS	6	7	200.00	28.57	.100	33.33	2.86
DENTURES, STAYPLATES	338	797	139,721.95	175.31	11.386	413.38	1996.03
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	100.00	100.00	.014	100.00	1.43
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	16	16	.00	.00	.229	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,978
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

70 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	10	\$ 227.93	\$ 22.79	.143	\$ 45.59	\$ 3.26
DIAGNOSTIC AND ANC. PROCED	1	1	10.00	10.00	.014	10.00	.14
EYE APPLIANCES	3	9	149.03	16.56	.129	49.68	2.13
OTHER OPTOMETRIC SERVICES	1	0	68.90	.00	.000	68.90	.98
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	.00	.00	.000	.00	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	12	90	\$ 15,744.21	\$ 174.94	1.286	\$ 1312.02	\$ 224.92
HOSP INPATIENT TOTAL	8	81	15,136.99	186.88	1.157	1892.12	216.24
HSC HOSPITALS	1	7	4,700.00	671.43	.100	4700.00	67.14
NON-HSC HOSPITAL TOTAL	0	0	46.17CR	.00	.000	.00	.66CR
ACCOMMODATIONS	0	0	44.79CR	.00	.000	.00	.64CR
ADMINISTRATIVE DAYS	0	0	44.79CR	.00	.000	.00	.64CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	1.38CR	.00	.000	.00	.02CR
INPATIENT CROSSOVERS	7	74	10,483.16	141.66	1.057	1497.59	149.76
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4	9	607.22	67.47	.129	151.81	8.67
MEDICAL	0	0	8.79	.00	.000	.00	.13
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	8.64	.00	.000	.00	.12
RADIOLOGY	0	0	46.66	.00	.000	.00	.67
ROOM USE	0	0	10.88	.00	.000	.00	.16
CROSSOVERS/ALL OTH OUTPTNT	4	9	532.25	59.14	.129	133.06	7.60
@COUNTY HOSPITAL TOTAL	2	12	\$ 4,971.06	\$ 414.26	.171	\$ 2485.53	\$ 71.02
CO HOSPITAL INPATIENT TOTAL	2	12	4,971.06	414.26	.171	2485.53	71.02
HSC HOSPITALS	1	7	4,700.00	671.43	.100	4700.00	67.14

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	5	271.06	54.21	.071	271.06	3.87
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,979
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
70 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	10	78	\$ 10,773.15	\$ 138.12	1.114	\$ 1077.32	\$ 153.90	
COMM HOSP INPATIENT TOTAL	6	69	10,165.93	147.33	.986	1694.32	145.23	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	46.17CR	.00	.000	.00	.66CR	
ACCOMMODATIONS	0	0	44.79CR	.00	.000	.00	.64CR	
ADMINISTRATIVE DAYS	0	0	44.79CR	.00	.000	.00	.64CR	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	1.38CR	.00	.000	.00	.02CR	
INPATIENT CROSSOVERS	6	69	10,212.10	148.00	.986	1702.02	145.89	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	4	9		607.22	67.47	.129	151.81	8.67
MEDICAL	0	0		8.79	.00	.000	.00	.13
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		8.64	.00	.000	.00	.12
RADIOLOGY	0	0		46.66	.00	.000	.00	.67
ROOM USE	0	0		10.88	.00	.000	.00	.16
CROSSEOVERS/ALL OTH OUTPTNT	4	9		532.25	59.14	.129	133.06	7.60
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	2	31	\$	3,829.07	\$ 123.52	.443	\$ 1914.54	\$ 54.70
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2	31		3,829.07	123.52	.443	1914.54	54.70
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	2CR	\$	3,443.20	\$ 1721.60CR	.029CR\$	3443.20	\$ 49.19
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	2CR		3,443.20	1721.60CR	.029CR	3443.20	49.19
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	3CR	\$	10.22CR	\$ 3.41	.043CR\$	.00	\$.15CR
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	3CR		10.22CR	3.41	.043CR	.00	.15CR
@ORGANIZED OUTPATIENT CLINIC	811	1,147	\$	91,346.41	\$ 79.64	16.386	\$ 112.63	\$ 1304.95
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	811	1,147		91,346.41	79.64	16.386	112.63	1304.95

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MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

70 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,778	9,234	\$ 564,190.35	\$ 61.10	131.914	\$ 317.32	\$ 8059.86
DURABLE MED. EQUIP.	1	2	98.83	49.42	.029	98.83	1.41
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	12	191.31	15.94	.171	95.66	2.73
AMBULANCES/AIR TRANS	1	9	152.93	16.99	.129	152.93	2.18
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	3	38.38	12.79	.043	38.38	.55
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	118	1,748	114,945.57	65.76	24.971	974.12	1642.08
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	984	5,501	428,792.67	77.95	78.586	435.76	6125.61
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	719	1,538	19,269.32	12.53	21.971	26.80	275.28
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	52.70	52.70	.014	52.70	.75
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	3	29.49	9.83	.043	14.75	.42
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7	429	810.46	1.89	6.129	115.78	11.58
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	33	75	16,369.92	218.27	1.071	496.06	233.86

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,981
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	470	5,578	\$ 223,811.48	\$ 40.12	697.250	\$	476.19	\$ 27976.44
@PHYSICIANS SERVICES	34	61	\$ 4,164.70	\$ 68.27	7.625	\$	122.49	\$ 520.59
OUTPATIENT VISITS	18	20	1,386.40	69.32	2.500		77.02	173.30
OFFICE VISITS	8	8	767.70	95.96	1.000		95.96	95.96
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	3	3	186.93	62.31	.375		62.31	23.37
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	8	9	431.77	47.97	1.125		53.97	53.97
INPATIENT VISITS	1	1	111.56	111.56	.125		111.56	13.95
HOSPITAL VISITS	1	1	111.56	111.56	.125		111.56	13.95
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	6	6	376.30	62.72	.750		62.72	47.04
EXAMINATIONS	6	6	376.30	62.72	.750		62.72	47.04
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	1	9	186.46	20.72	1.125		186.46	23.31
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	1	9	186.46	20.72	1.125		186.46	23.31
OUTPATIENT SURGERY	5	9	1,700.89	188.99	1.125		340.18	212.61
PRINCIPAL SURGEON	4	7	1,573.27	224.75	.875		393.32	196.66
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	1	2	127.62	63.81	.250		127.62	15.95
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	1	1	23.21	23.21	.125		23.21	2.90
RADIOLOGY	6	9	60.45	6.72	1.125		10.08	7.56
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	4	6	319.43	53.24	.750		79.86	39.93
@PHARMACY	163	2,370	\$ 66,381.36	\$ 28.01	296.250	\$	407.25	\$ 8297.67
PRESCRIPTION DRUGS	144	245	58,720.38	239.68	30.625		407.78	7340.05

SNF/ICF	2	2	38.15	19.08	.250	19.08	4.77
OUTPATIENTS	144	243	58,682.23	241.49	30.375	407.52	7335.28
MEDICAL SUPPLIES	39	2,125	7,660.98	3.61	265.625	196.44	957.62
@DENTIST	96	447	\$ 19,339.94	\$ 43.27	55.875	\$ 201.46	\$ 2417.49
VISITS - DIAGNOSTIC	70	287	4,058.34	14.14	35.875	57.98	507.29
ORAL SURGERY	13	28	1,198.00	42.79	3.500	92.15	149.75
DRUGS	4	6	150.00	25.00	.750	37.50	18.75
ANESTHESIA	5	4	100.00	25.00	.500	20.00	12.50
PERIODONTICS	5	6	1,200.00	200.00	.750	240.00	150.00
ENDODONTICS	2	2	286.00	143.00	.250	143.00	35.75
RESTORATIVE DENTISTRY	20	78	6,259.00	80.24	9.750	312.95	782.38
PROSTHETICS	1	1	30.00	30.00	.125	30.00	3.75
DENTURES, STAYPLATES	9	32	6,023.60	188.24	4.000	669.29	752.95
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.125	35.00	4.38
ALL OTHER SERVICES	2	2	.00	.00	.250	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024
MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

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08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	4	\$ 97.91	\$ 24.48	.500	\$ 48.96	\$ 12.24
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	2	4	97.91	24.48	.500	48.96	12.24
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	14	1,704	\$ 50,583.89	\$ 29.69	213.000	\$ 3613.14	\$ 6322.99
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	28	106	\$ 7,773.18	\$ 73.33	13.250	\$ 277.61	\$ 971.65
HOSP INPATIENT TOTAL	2	8	4,606.26	575.78	1.000	2303.13	575.78
HSC HOSPITALS	1	7	2,122.40	303.20	.875	2122.40	265.30
NON-HSC HOSPITAL TOTAL	1	1	2,483.86	2483.86	.125	2483.86	310.48
ACCOMMODATIONS	1	1	782.59	782.59	.125	782.59	97.82
ADMINISTRATIVE DAYS	0	0	6.74	.00	.000	.00	.84
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	775.85	775.85	.125	775.85	96.98
ANCILLARIES	1	0	1,701.27	.00	.000	1701.27	212.66
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	26	98	3,166.92	32.32	12.250	121.80	395.87
MEDICAL	7	8	594.10	74.26	1.000	84.87	74.26
SURGERY	1	1	120.18	120.18	.125	120.18	15.02
PATHOLOGY	6	34	702.10	20.65	4.250	117.02	87.76

RADIOLOGY	5	7	354.37	50.62	.875	70.87	44.30
ROOM USE	19	23	738.46	32.11	2.875	38.87	92.31
CROSSOVERS/ALL OTH OUTPTNT	9	25	657.71	26.31	3.125	73.08	82.21
@COUNTY HOSPITAL TOTAL	1	1	\$ 38.62	\$ 38.62	.125	\$ 38.62	\$ 4.83
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	38.62	38.62	.125	38.62	4.83
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.99	35.99	.125	35.99	4.50
CROSSOVERS/ALL OTH OUTPTNT	0	0	2.63	.00	.000	.00	.33
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 7,983
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MONTEREY COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND						

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27	105	\$ 7,734.56	\$ 73.66	13.125	\$ 286.47	\$ 966.82
COMM HOSP INPATIENT TOTAL	2	8	4,606.26	575.78	1.000	2303.13	575.78
HSC HOSPITALS	1	7	2,122.40	303.20	.875	2122.40	265.30
NON-HSC HOSPITALS TOTAL	1	1	2,483.86	2483.86	.125	2483.86	310.48
ACCOMMODATIONS	1	1	782.59	782.59	.125	782.59	97.82
ADMINISTRATIVE DAYS	0	0	6.74	.00	.000	.00	.84
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	775.85	775.85	.125	775.85	96.98
ANCILLARIES	1	0	1,701.27	.00	.000	1701.27	212.66
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	25	97	3,128.30	32.25	12.125	125.13	391.04
MEDICAL	7	8	594.10	74.26	1.000	84.87	74.26
SURGERY	1	1	120.18	120.18	.125	120.18	15.02
PATHOLOGY	6	34	702.10	20.65	4.250	117.02	87.76
RADIOLOGY	5	7	354.37	50.62	.875	70.87	44.30
ROOM USE	18	22	702.47	31.93	2.750	39.03	87.81
CROSSOVERS/ALL OTH OUTPTNT	9	25	655.08	26.20	3.125	72.79	81.89
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ 8,895.87	\$.00	.000	\$.00	\$ 1111.98
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	8,895.87	.00	.000	.00	1111.98
@REHABILITATION FACILITY	1	3	\$ 133.52	\$ 44.51	.375	\$ 133.52	\$ 16.69
HOSPITAL BASED	1	3	133.52	44.51	.375	133.52	16.69
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	2	\$ 47.56	\$ 23.78	.250	\$ 23.78	\$ 5.95
PATHOLOGY	2	2	47.56	23.78	.250	23.78	5.95
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	142	217	\$ 15,894.15	\$ 73.24	27.125	\$ 111.93	\$ 1986.77
CLINIC	1	2	224.00	112.00	.250	224.00	28.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	141	215	15,670.15	72.88	26.875	111.14	1958.77

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

08 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	75	664	\$ 50,499.40	\$ 76.05	83.000	\$ 673.33	\$ 6312.43
DURABLE MED. EQUIP.	9	35	11,290.98	322.60	4.375	1254.55	1411.37
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	15	301	19,645.97	65.27	37.625	1309.73	2455.75
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	35	249	17,470.48	70.16	31.125	499.16	2183.81
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	15	35	497.52	14.21	4.375	33.17	62.19
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	20	1,397.41	69.87	2.500	698.71	174.68
PROSTHETICS	2	20	1,397.41	69.87	2.500	698.71	174.68
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	24	197.04	8.21	3.000	39.41	24.63
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	115	4,175	\$ 125,523.16	\$ 30.07	521.875	\$ 1091.51	\$ 15690.40
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 8,913.08	\$ 8913.08	.125	\$ 8913.08	\$ 1114.14

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,985
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED	

450 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	21,769	190,598	\$ 10,893,822.28	\$ 57.16	423.551	\$ 500.43	\$ 24208.49
@PHYSICIANS SERVICES	1,283	5,847	\$ 382,026.37	\$ 65.34	12.993	\$ 297.76	\$ 848.95
OUTPATIENT VISITS	681	925	51,920.32	56.13	2.056	76.24	115.38
OFFICE VISITS	286	358	18,026.05	50.35	.796	63.03	40.06
HOME VISITS	1	1	37.42	37.42	.002	37.42	.08
EMERGENCY ROOM	180	212	17,585.97	82.95	.471	97.70	39.08
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	251	354	16,270.88	45.96	.787	64.82	36.16
INPATIENT VISITS	209	1,386	104,303.01	75.25	3.080	499.06	231.78
HOSPITAL VISITS	197	1,215	79,553.53	65.48	2.700	403.83	176.79
CRITICAL CARE	33	169	24,663.68	145.94	.376	747.38	54.81
SNF/ICF/TRANS IP CARE	2	2	85.80	42.90	.004	42.90	.19
OPHTHALMOLOGICAL SERVICES	19	23	1,280.68	55.68	.051	67.40	2.85
EXAMINATIONS	19	23	1,280.68	55.68	.051	67.40	2.85
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	99	1,062	104,057.31	97.98	2.360	1051.08	231.24
PRINCIPAL SURGEON	61	106	84,414.96	796.37	.236	1383.85	187.59
ASSISTANT SURGEON	6	6	2,286.37	381.06	.013	381.06	5.08
ANESTHESIOLOGIST	49	950	17,355.98	18.27	2.111	354.20	38.57
OUTPATIENT SURGERY	175	713	47,667.57	66.85	1.584	272.39	105.93
PRINCIPAL SURGEON	103	158	28,259.10	178.86	.351	274.36	62.80
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	84	555	19,408.47	34.97	1.233	231.05	43.13
DIALYSIS	1	1	.00	.00	.002	.00	.00
PATHOLOGY	49	133	5,011.82	37.68	.296	102.28	11.14

RADIOLOGY	332	609		23,566.34		38.70	1.353	70.98	52.37
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	36		3,666.84		101.86	.080	407.43	8.15
OTHER SERVICES/ALL X-OVERS	365	959		40,552.48		42.29	2.131	111.10	90.12
@PHARMACY	10,335	49,118	\$	5,146,876.84	\$	104.79	109.151	\$ 498.00	\$ 11437.50
PRESCRIPTION DRUGS	10,126	23,571		4,302,104.53		182.52	52.380	424.86	9560.23
SNF/ICF	562	1,795		294,502.03		164.07	3.989	524.02	654.45
OUTPATIENTS	9,606	21,776		4,007,602.50		184.04	48.391	417.20	8905.78
MEDICAL SUPPLIES	533	25,547		844,772.31		33.07	56.771	1584.94	1877.27
@DENTIST	5,006	23,334	\$	968,455.22	\$	41.50	51.853	\$ 193.46	\$ 2152.12
VISITS - DIAGNOSTIC	3,413	14,374		185,013.82		12.87	31.942	54.21	411.14
ORAL SURGERY	693	2,046		106,203.47		51.91	4.547	153.25	236.01
DRUGS	90	97		1,971.00		20.32	.216	21.90	4.38
ANESTHESIA	88	96		7,988.85		83.22	.213	90.78	17.75
PERIODONTICS	338	373		60,250.25		161.53	.829	178.26	133.89
ENDODONTICS	307	455		80,931.34		177.87	1.011	263.62	179.85
RESTORATIVE DENTISTRY	1,479	4,439		353,017.25		79.53	9.864	238.69	784.48
PROSTHETICS	38	43		905.00		21.05	.096	23.82	2.01
DENTURES, STAYPLATES	431	1,275		167,381.01		131.28	2.833	388.36	371.96
SPACE MAINTAINERS	2	2		120.00		60.00	.004	60.00	.27
MAXILLOFACIAL SERVICES	16	22		1,133.23		51.51	.049	70.83	2.52
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	46	55		3,540.00		64.36	.122	76.96	7.87
ALL OTHER SERVICES	58	57		.00		.00	.127	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
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MONTEREY COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED								

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01/17/03

450 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	4	\$ 100.56	\$ 25.14	.009	\$ 50.28	\$.22
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.002	47.45	.11
EYE APPLIANCES	1	3	53.11	17.70	.007	53.11	.12
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	11	22	\$ 902.57	\$ 41.03	.049	\$ 82.05	\$ 2.01
MEDICINE/INJECTIONS	10	21	877.47	41.78	.047	87.75	1.95
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	25.10	25.10	.002	25.10	.06
@HOME HEALTH AGENCY	85	1,447	\$ 65,502.66	\$ 45.27	3.216	\$ 770.62	\$ 145.56
NURSE ANESTHESIST	0	0	.00	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,132	9,219	\$ 2,603,037.85	\$ 282.36	20.487	\$ 2299.50	\$ 5784.53
HOSP INPATIENT TOTAL	244	1,905	2,289,510.87	1201.84	4.233	9383.24	5087.80
HSC HOSPITALS	188	1,319	2,110,796.20	1600.30	2.931	11227.64	4690.66
NON-HSC HOSPITAL TOTAL	10	51	134,248.22	2632.32	.113	13424.82	298.33
ACCOMMODATIONS	10	51	40,665.51	797.36	.113	4066.55	90.37
ADMINISTRATIVE DAYS	1	9	1,271.21	141.25	.020	1271.21	2.82
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	42	39,394.30	937.96	.093	4377.14	87.54
ANCILLARIES	10	0	93,582.71	.00	.000	9358.27	207.96

INPATIENT CROSSOVERS	48	535		44,466.45		83.11	1.189	926.38	98.81
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	953	7,314		313,526.98		42.87	16.253	328.99	696.73
MEDICAL	276	596		41,090.91		68.94	1.324	148.88	91.31
SURGERY	75	95		5,835.43		61.43	.211	77.81	12.97
PATHOLOGY	400	3,427		33,012.06		9.63	7.616	82.53	73.36
RADIOLOGY	249	453		86,589.30		191.15	1.007	347.75	192.42
ROOM USE	597	922		35,684.68		38.70	2.049	59.77	79.30
CROSSOVERS/ALL OTH OUTPTNT	356	1,821		111,314.60		61.13	4.047	312.68	247.37
@COUNTY HOSPITAL TOTAL	256	1,459	\$	512,863.37	\$	351.52	3.242	\$ 2003.37	\$ 1139.70
CO HOSPITAL INPATIENT TOTAL	103	808		488,416.29		604.48	1.796	4741.91	1085.37
HSC HOSPITALS	70	374		449,104.00		1200.81	.831	6415.77	998.01
NON-HSC HOSPITALS TOTAL	1	9		4,564.22		507.14	.020	4564.22	10.14
ACCOMMODATIONS	1	9		1,946.93		216.33	.020	1946.93	4.33
ADMINISTRATIVE DAYS	1	9		1,946.93		216.33	.020	1946.93	4.33
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	1	0		2,617.29		.00	.000	2617.29	5.82
INPATIENT CROSSOVERS	33	425		34,748.07		81.76	.944	1052.97	77.22
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	156	651		24,447.08		37.55	1.447	156.71	54.33
MEDICAL	15	24		1,741.33		72.56	.053	116.09	3.87
SURGERY	2	3		224.25		74.75	.007	112.13	.50
PATHOLOGY	71	311		2,419.34		7.78	.691	34.08	5.38
RADIOLOGY	43	53		8,342.36		157.40	.118	194.01	18.54
ROOM USE	93	122		4,650.73		38.12	.271	50.01	10.33
CROSSOVERS/ALL OTH OUTPTNT	60	138		7,069.07		51.23	.307	117.82	15.71

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MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

450 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	904	7,760	\$ 2,090,174.48	\$ 269.35	17.244	\$ 2312.14	\$ 4644.83
COMM HOSP INPATIENT TOTAL	145	1,097	1,801,094.58	1641.84	2.438	12421.34	4002.43
HSC HOSPITALS	122	945	1,661,692.20	1758.40	2.100	13620.43	3692.65
NON-HSC HOSPITALS TOTAL	9	42	129,684.00	3087.71	.093	14409.33	288.19
ACCOMMODATIONS	9	42	38,718.58	921.87	.093	4302.06	86.04
ADMINISTRATIVE DAYS	0	0	675.72CR	.00	.000	.00	1.50CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	42	39,394.30	937.96	.093	4377.14	87.54
ANCILLARIES	9	0	90,965.42	.00	.000	10107.27	202.15
INPATIENT CROSSOVERS	15	110	9,718.38	88.35	.244	647.89	21.60
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	817	6,663	289,079.90	43.39	14.807	353.83	642.40
MEDICAL	263	572	39,349.58	68.79	1.271	149.62	87.44
SURGERY	73	92	5,611.18	60.99	.204	76.87	12.47
PATHOLOGY	332	3,116	30,592.72	9.82	6.924	92.15	67.98
RADIOLOGY	210	400	78,246.94	195.62	.889	372.60	173.88
ROOM USE	513	800	31,033.95	38.79	1.778	60.50	68.96
CROSSOVERS/ALL OTH OUTPTNT	304	1,683	104,245.53	61.94	3.740	342.91	231.66
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	9	145	\$ 22,271.48	\$ 153.60	.322	\$ 2474.61	\$ 49.49
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	9	145		22,271.48	153.60	.322	2474.61	49.49
@INTERMEDIATE CARE FACIL.-DD	1	31	\$	4,595.17	\$ 148.23	.069	\$ 4595.17	\$ 10.21
ICF DDH	1	31		4,595.17	148.23	.069	4595.17	10.21
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	4CR	\$	57,913.16	\$ 14478.29CR	.009CR	\$ 9652.19	\$ 128.70
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	4CR		57,913.16	14478.29CR	.009CR	9652.19	128.70
@REHABILITATION FACILITY	51	589	\$	14,359.11	\$ 24.38	1.309	\$ 281.55	\$ 31.91
HOSPITAL BASED	32	79		8,481.86	107.37	.176	265.06	18.85
INDEPENDENT FACILITY	20	510		5,877.25	11.52	1.133	293.86	13.06
@LABORATORY FACILITY	22	34	\$	638.33	\$ 18.77	.076	\$ 29.02	\$ 1.42
PATHOLOGY	22	34		638.33	18.77	.076	29.02	1.42
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4,692	6,933	\$	538,331.59	\$ 77.65	15.407	\$ 114.73	\$ 1196.29
CLINIC	1	1		162.05	162.05	.002	162.05	.36
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	6	106		1,218.38	11.49	.236	203.06	2.71
RURAL HEALTH CLINIC	4,685	6,826		536,951.16	78.66	15.169	114.61	1193.22
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
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450 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,703	93,879	\$ 1,088,811.37	\$ 11.60	208.620	\$ 402.82	\$ 2419.58
DURABLE MED. EQUIP.	235	959	316,330.43	329.85	2.131	1346.09	702.96
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	66	299	27,285.99	91.26	.664	413.42	60.64
MEDICAL TRANSPORTATION	35	1,996	21,250.43	10.65	4.436	607.16	47.22
AMBULANCES/AIR TRANS	29	1,974	16,182.37	8.20	4.387	558.01	35.96
OTHER TRANS	1	6	40.50	6.75	.013	40.50	.09
OTHER SERVICES	7	16	5,027.56	314.22	.036	718.22	11.17
ACUPUNCTURE	1	1	16.22	16.22	.002	16.22	.04
ADULT DAY HEALTH CARE CTR	52	934	61,030.19	65.34	2.076	1173.66	135.62
GENETIC DISEASE TESTING	18	18	1,463.00	81.28	.040	81.28	3.25
IHMC,MODEL-NF,NF,AIDS,MSSP	496	9,328	402,657.86	43.17	20.729	811.81	894.80
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,327	2,870	33,673.55	11.73	6.378	25.38	74.83
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	98.94	24.74	.009	49.47	.22
PROSTHETIST/ORTHOTISTS	48	430	52,790.63	122.77	.956	1099.80	117.31
PROSTHETICS	48	430	52,790.63	122.77	.956	1099.80	117.31
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	10	22	1,120.68	50.94	.049	112.07	2.49
SPEECH AND AUDIOLOGY	5	11	484.47	44.04	.024	96.89	1.08
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	362	6,552	42,756.15	6.53	14.560	118.11	95.01
EPSDT SUPPLEMENTAL SERVICE	21	3,072	107,919.36	35.13	6.827	5139.02	239.82
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	93	67,383		19,933.47		.30	149.740	214.34	44.30
@CALIF. CHILDREN SERVICES*	2,530	91,862	\$	4,852,163.57	\$	52.82	204.138	\$ 1917.85	\$ 10782.59
@XOVER EXCLUDING STATE HOSP**	111	797	\$	115,072.55	\$	144.38	1.771	\$ 1036.69	\$ 255.72

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
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MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

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						----- MONTHLY AVERAGE -----		
971 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	25,773	90,151	\$ 5,238,428.26	\$ 58.11	92.843	\$ 203.25	\$ 5394.88	
@PHYSICIANS SERVICES	595	2,715	\$ 399,256.07	\$ 147.06	2.796	\$ 671.02	\$ 411.18	
OUTPATIENT VISITS	237	281	16,981.00	60.43	.289	71.65	17.49	
OFFICE VISITS	103	126	8,504.32	67.49	.130	82.57	8.76	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	58	57	4,467.21	78.37	.059	77.02	4.60	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	6	10	503.88	50.39	.010	83.98	.52	
OTHER OUTPATIENT	79	88	3,505.59	39.84	.091	44.37	3.61	
INPATIENT VISITS	125	972	117,325.63	120.71	1.001	938.61	120.83	
HOSPITAL VISITS	81	438	22,065.82	50.38	.451	272.42	22.72	
CRITICAL CARE	65	534	95,259.81	178.39	.550	1465.54	98.10	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	8	11	573.47	52.13	.011	71.68	.59	
EXAMINATIONS	8	11	573.47	52.13	.011	71.68	.59	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	62	369	43,809.75	118.73	.380	706.61	45.12	
PRINCIPAL SURGEON	41	74	32,744.76	442.50	.076	798.65	33.72	
ASSISTANT SURGEON	4	4	1,166.37	291.59	.004	291.59	1.20	
ANESTHESIOLOGIST	25	291	9,898.62	34.02	.300	395.94	10.19	

OUTPATIENT SURGERY	47	242		18,654.45		77.08	.249	396.90	19.21
PRINCIPAL SURGEON	33	61		13,182.22		216.10	.063	399.46	13.58
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	22	181		5,472.23		30.23	.186	248.74	5.64
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	25	59		2,088.54		35.40	.061	83.54	2.15
RADIOLOGY	185	296		10,657.36		36.00	.305	57.61	10.98
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	17		501.30		29.49	.018	100.26	.52
OTHER SERVICES/ALL X-OVERS	127	468		188,664.57		403.13	.482	1485.55	194.30
@PHARMACY	657	1,499	\$	350,860.73	\$	234.06	1.544	\$ 534.03	\$ 361.34
PRESCRIPTION DRUGS	634	998		127,181.66		127.44	1.028	200.60	130.98
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	634	998		127,181.66		127.44	1.028	200.60	130.98
MEDICAL SUPPLIES	50	501		223,679.07		446.47	.516	4473.58	230.36
@DENTIST	9,379	54,595	\$	1,541,534.79	\$	28.24	56.226	\$ 164.36	\$ 1587.57
VISITS - DIAGNOSTIC	6,840	36,057		435,800.85		12.09	37.134	63.71	448.82
ORAL SURGERY	1,188	2,149		128,775.59		59.92	2.213	108.40	132.62
DRUGS	1,460	1,618		37,873.75		23.41	1.666	25.94	39.00
ANESTHESIA	95	98		8,875.00		90.56	.101	93.42	9.14
PERIODONTICS	190	193		31,880.00		165.18	.199	167.79	32.83
ENDODONTICS	876	1,666		169,873.51		101.96	1.716	193.92	174.95
RESTORATIVE DENTISTRY	3,726	11,844		654,927.35		55.30	12.198	175.77	674.49
PROSTHETICS	15	16		425.00		26.56	.016	28.33	.44
DENTURES, STAYPLATES	50	248		14,283.00		57.59	.255	285.66	14.71
SPACE MAINTAINERS	103	123		12,377.74		100.63	.127	120.17	12.75
MAXILLOFACIAL SERVICES	29	29		1,780.00		61.38	.030	61.38	1.83
FRACTURES, DISLOCATIONS	2	2		525.00		262.50	.002	262.50	.54
ORTHODONTIC SERVICES	394	478		43,680.00		91.38	.492	110.86	44.98
ALL OTHER SERVICES	75	74		458.00		6.19	.076	6.11	.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
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971 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	2	8	\$ 180.56	\$ 22.57	.008	\$ 90.28	\$.19	
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.002	47.45	.10	
EYE APPLIANCES	2	6	85.66	14.28	.006	42.83	.09	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	23	87	\$ 6,039.19	\$ 69.42	.090	\$ 262.57	\$ 6.22	
NURSE ANESTHESIST	0	0	.00	.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	.00	.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	533	2,361	\$ 1,428,140.76	\$ 604.89	2.432	\$ 2679.44	\$ 1470.79	
HOSP INPATIENT TOTAL	113	964	1,359,851.61	1410.63	.993	12034.09	1400.47	
HSC HOSPITALS	109	956	1,334,890.06	1396.33	.985	12246.70	1374.76	

NON-HSC HOSPITAL TOTAL	4	8	24,961.55	3120.19	.008	6240.39	25.71
ACCOMMODATIONS	4	8	6,624.40	828.05	.008	1656.10	6.82
ADMINISTRATIVE DAYS	0	0	15.39CR	.00	.000	.00	.02CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	8	6,639.79	829.97	.008	1659.95	6.84
ANCILLARIES	4	0	18,337.15	.00	.000	4584.29	18.88
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	443	1,397	68,289.15	48.88	1.439	154.15	70.33
MEDICAL	71	112	8,336.33	74.43	.115	117.41	8.59
SURGERY	29	37	3,463.81	93.62	.038	119.44	3.57
PATHOLOGY	150	585	8,064.24	13.79	.602	53.76	8.31
RADIOLOGY	117	152	28,249.24	185.85	.157	241.45	29.09
ROOM USE	188	269	11,507.83	42.78	.277	61.21	11.85
CROSSOVERS/ALL OTH OUTPTNT	134	242	8,667.70	35.82	.249	64.68	8.93
@COUNTY HOSPITAL TOTAL	128	487	\$ 345,501.90	\$ 709.45	.502	\$ 2699.23	\$ 355.82
CO HOSPITAL INPATIENT TOTAL	33	269	336,883.00	1252.35	.277	10208.58	346.94
HSC HOSPITALS	33	269	336,883.00	1252.35	.277	10208.58	346.94
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	95	218	8,618.90	39.54	.225	90.73	8.88
MEDICAL	15	22	1,446.32	65.74	.023	96.42	1.49
SURGERY	4	4	524.12	131.03	.004	131.03	.54
PATHOLOGY	34	66	897.44	13.60	.068	26.40	.92
RADIOLOGY	31	33	2,388.34	72.37	.034	77.04	2.46
ROOM USE	39	51	1,920.06	37.65	.053	49.23	1.98
CROSSOVERS/ALL OTH OUTPTNT	20	42	1,442.62	34.35	.043	72.13	1.49

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971 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	409	1,874	\$ 1,082,638.86	\$ 577.72	1.930	\$ 1114.97
COMM HOSP INPATIENT TOTAL	80	695	1,022,968.61	1471.90	.716	1053.52
HSC HOSPITALS	76	687	998,007.06	1452.70	.708	1027.81
NON-HSC HOSPITALS TOTAL	4	8	24,961.55	3120.19	.008	25.71
ACCOMMODATIONS	4	8	6,624.40	828.05	.008	6.82
ADMINISTRATIVE DAYS	0	0	15.39CR	.00	.000	.02CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	4	8	6,639.79	829.97	.008	6.84
ANCILLARIES	4	0	18,337.15	.00	.000	18.88
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	349	1,179	59,670.25	50.61	1.214	61.45
MEDICAL	56	90	6,890.01	76.56	.093	7.10
SURGERY	25	33	2,939.69	89.08	.034	3.03
PATHOLOGY	117	519	7,166.80	13.81	.535	7.38
RADIOLOGY	86	119	25,860.90	217.32	.123	26.63
ROOM USE	150	218	9,587.77	43.98	.225	9.87

CROSSOVERS/ALL OTH OUTPTNT	114	200		7,225.08		36.13	.206	63.38	7.44
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	13	105	\$	1,868.49	\$	17.80	.108	\$ 143.73	\$ 1.92
HOSPITAL BASED	8	20		939.85		46.99	.021	117.48	.97
INDEPENDENT FACILITY	5	85		928.64		10.93	.088	185.73	.96
@LABORATORY FACILITY	132	161	\$	3,516.95	\$	21.84	.166	\$ 26.64	\$ 3.62
PATHOLOGY	132	161		3,516.95		21.84	.166	26.64	3.62
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	12,163	17,338	\$	1,354,768.93	\$	78.14	17.856	\$ 111.38	\$ 1395.23
CLINIC	7	24		860.17		35.84	.025	122.88	.89
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	1	13		157.94		12.15	.013	157.94	.16
RURAL HEALTH CLINIC	12,155	17,301		1,353,750.82		78.25	17.818	111.37	1394.18
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
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	971 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3,699	11,282	\$	152,261.79	\$ 13.50	11.619	\$ 41.16	\$ 156.81
DURABLE MED. EQUIP.	27	120		10,474.30	87.29	.124	387.94	10.79
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	14	52		6,411.35	123.30	.054	457.95	6.60
MEDICAL TRANSPORTATION	3	182		1,117.68	6.14	.187	372.56	1.15
AMBULANCES/AIR TRANS	3	182		1,117.68	6.14	.187	372.56	1.15
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	3	12		808.47	67.37	.012	269.49	.83
GENETIC DISEASE TESTING	194	195		15,122.00	77.55	.201	77.95	15.57
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1,135	2,428		21,786.47	8.97	2.501	19.20	22.44
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	14	60		10,334.96	172.25	.062	738.21	10.64
PROSTHETICS	14	60		10,334.96	172.25	.062	738.21	10.64
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	10	42		2,924.62	69.63	.043	292.46	3.01
SPEECH AND AUDIOLOGY	11	39		4,998.94	128.18	.040	454.45	5.15

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,309	8,152	78,283.00	9.60	8.395	33.90	80.62
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	825	5,585	\$ 2,064,648.50	\$ 369.68	5.752	\$ 2502.60	\$ 2126.31
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,993
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE	

1,499 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	52,581	307,525	\$ 17,496,277.88	\$ 56.89	205.153	\$ 332.75	\$ 11671.97
@PHYSICIANS SERVICES	1,930	8,686	\$ 786,721.85	\$ 90.57	5.795	\$ 407.63	\$ 524.83
OUTPATIENT VISITS	938	1,228	70,362.62	57.30	.819	75.01	46.94
OFFICE VISITS	398	493	27,328.37	55.43	.329	68.66	18.23
HOME VISITS	1	1	37.42	37.42	.001	37.42	.02
EMERGENCY ROOM	242	273	22,284.71	81.63	.182	92.09	14.87
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	10	503.88	50.39	.007	83.98	.34
OTHER OUTPATIENT	338	451	20,208.24	44.81	.301	59.79	13.48
INPATIENT VISITS	338	2,365	221,968.10	93.86	1.578	656.71	148.08
HOSPITAL VISITS	282	1,660	101,958.81	61.42	1.107	361.56	68.02
CRITICAL CARE	98	703	119,923.49	170.59	.469	1223.71	80.00
SNF/ICF/TRANS IP CARE	2	2	85.80	42.90	.001	42.90	.06
OPHTHALMOLOGICAL SERVICES	33	40	2,230.45	55.76	.027	67.59	1.49
EXAMINATIONS	33	40	2,230.45	55.76	.027	67.59	1.49
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	162	1,440	148,053.52	102.81	.961	913.91	98.77
PRINCIPAL SURGEON	102	180	117,159.72	650.89	.120	1148.62	78.16
ASSISTANT SURGEON	10	10	3,452.74	345.27	.007	345.27	2.30
ANESTHESIOLOGIST	75	1,250	27,441.06	21.95	.834	365.88	18.31
OUTPATIENT SURGERY	227	964	68,022.91	70.56	.643	299.66	45.38
PRINCIPAL SURGEON	140	226	43,014.59	190.33	.151	307.25	28.70
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	107	738	25,008.32	33.89	.492	233.72	16.68
DIALYSIS	1	1	.00	.00	.001	.00	.00
PATHOLOGY	75	193	7,123.57	36.91	.129	94.98	4.75
RADIOLOGY	523	914	34,284.15	37.51	.610	65.55	22.87
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	53	4,168.14	78.64	.035	297.72	2.78
OTHER SERVICES/ALL X-OVERS	511	1,488	230,508.39	154.91	.993	451.09	153.77
@PHARMACY	11,811	57,224	\$ 5,679,701.73	\$ 99.25	38.175	\$ 480.88	\$ 3788.99
PRESCRIPTION DRUGS	11,556	25,764	4,602,941.42	178.66	17.187	398.32	3070.67
SNF/ICF	672	1,974	314,175.81	159.16	1.317	467.52	209.59
OUTPATIENTS	10,929	23,790	4,288,765.61	180.28	15.871	392.42	2861.08
MEDICAL SUPPLIES	629	31,460	1,076,760.31	34.23	20.987	1711.86	718.32
@DENTIST	16,016	84,767	\$ 2,873,917.35	\$ 33.90	56.549	\$ 179.44	\$ 1917.22
VISITS - DIAGNOSTIC	11,295	54,404	671,699.37	12.35	36.294	59.47	448.10
ORAL SURGERY	2,141	4,996	276,040.40	55.25	3.333	128.93	184.15

DRUGS	1,555	1,722	40,009.75	23.23	1.149	25.73	26.69
ANESTHESIA	212	225	19,274.85	85.67	.150	90.92	12.86
PERIODONTICS	625	663	108,990.25	164.39	.442	174.38	72.71
ENDODONTICS	1,242	2,196	267,839.85	121.97	1.465	215.65	178.68
RESTORATIVE DENTISTRY	5,565	17,280	1,097,344.35	63.50	11.528	197.19	732.05
PROSTHETICS	60	67	1,560.00	23.28	.045	26.00	1.04
DENTURES, STAYPLATES	828	2,352	327,409.56	139.20	1.569	395.42	218.42
SPACE MAINTAINERS	105	125	12,497.74	99.98	.083	119.03	8.34
MAXILLOFACIAL SERVICES	46	52	3,013.23	57.95	.035	65.51	2.01
FRACTURES, DISLOCATIONS	2	2	525.00	262.50	.001	262.50	.35
ORTHODONTIC SERVICES	441	534	47,255.00	88.49	.356	107.15	31.52
ALL OTHER SERVICES	151	149	458.00	3.07	.099	3.03	.31

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

1,499 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	11	26 \$	606.96	\$ 23.34	.017	\$ 55.18	\$.40
DIAGNOSTIC AND ANC. PROCED	4	4	152.35	38.09	.003	38.09	.10
EYE APPLIANCES	8	22	385.71	17.53	.015	48.21	.26
OTHER OPTOMETRIC SERVICES	1	0	68.90	.00	.000	68.90	.05
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	11	22 \$	902.57	\$ 41.03	.015	\$ 82.05	\$.60
MEDICINE/INJECTIONS	10	21	877.47	41.78	.014	87.75	.59
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	25.10	25.10	.001	25.10	.02
@HOME HEALTH AGENCY	122	3,238 \$	122,125.74	\$ 37.72	2.160	\$ 1001.03	\$ 81.47
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	1,705	11,776	\$	4,054,696.00	\$	344.32	7.856	\$	2378.12	\$	2704.93
HOSP INPATIENT TOTAL	367	2,958		3,669,105.73		1240.40	1.973		9997.56		2447.70
HSC HOSPITALS	299	2,289		3,452,508.66		1508.30	1.527		11546.85		2303.21
NON-HSC HOSPITAL TOTAL	15	60		161,647.46		2694.12	.040		10776.50		107.84
ACCOMMODATIONS	15	60		48,027.71		800.46	.040		3201.85		32.04
ADMINISTRATIVE DAYS	1	9		1,217.77		135.31	.006		1217.77		.81
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	14	51		46,809.94		917.84	.034		3343.57		31.23
ANCILLARIES	15	0		113,619.75		.00	.000		7574.65		75.80
INPATIENT CROSSOVERS	55	609		54,949.61		90.23	.406		999.08		36.66
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,426	8,818		385,590.27		43.73	5.883		270.40		257.23
MEDICAL	354	716		50,030.13		69.87	.478		141.33		33.38
SURGERY	105	133		9,419.42		70.82	.089		89.71		6.28
PATHOLOGY	556	4,046		41,787.04		10.33	2.699		75.16		27.88
RADIOLOGY	371	612		115,239.57		188.30	.408		310.62		76.88
ROOM USE	804	1,214		47,941.85		39.49	.810		59.63		31.98
CROSSOVERS/ALL OTH OUTPTNT	503	2,097		121,172.26		57.78	1.399		240.90		80.84
@COUNTY HOSPITAL TOTAL	387	1,959	\$	863,374.95	\$	440.72	1.307	\$	2230.94	\$	575.97
CO HOSPITAL INPATIENT TOTAL	138	1,089		830,270.35		762.42	.726		6016.45		553.88
HSC HOSPITALS	104	650		790,687.00		1216.44	.434		7602.76		527.48
NON-HSC HOSPITALS TOTAL	1	9		4,564.22		507.14	.006		4564.22		3.04
ACCOMMODATIONS	1	9		1,946.93		216.33	.006		1946.93		1.30
ADMINISTRATIVE DAYS	1	9		1,946.93		216.33	.006		1946.93		1.30
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		2,617.29		.00	.000		2617.29		1.75
INPATIENT CROSSOVERS	34	430		35,019.13		81.44	.287		1029.97		23.36
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	252	870		33,104.60		38.05	.580		131.37		22.08
MEDICAL	30	46		3,187.65		69.30	.031		106.26		2.13
SURGERY	6	7		748.37		106.91	.005		124.73		.50
PATHOLOGY	105	377		3,316.78		8.80	.252		31.59		2.21
RADIOLOGY	74	86		10,730.70		124.78	.057		145.01		7.16
ROOM USE	133	174		6,606.78		37.97	.116		49.68		4.41
CROSSOVERS/ALL OTH OUTPTNT	80	180		8,514.32		47.30	.120		106.43		5.68
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 7,995
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE										

		----- MONTHLY AVERAGE -----								
1,499 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE			
@COMMUNITY HOSPITAL TOTAL	1,350	9,817	\$ 3,191,321.05	\$ 325.08	6.549	\$ 2363.94	\$ 2128.97			
COMM HOSP INPATIENT TOTAL	233	1,869	2,838,835.38	1518.91	1.247	12183.84	1893.82			
HSC HOSPITALS	199	1,639	2,661,821.66	1624.05	1.093	13375.99	1775.73			
NON-HSC HOSPITALS TOTAL	14	51	157,083.24	3080.06	.034	11220.23	104.79			
ACCOMMODATIONS	14	51	46,080.78	903.54	.034	3291.48	30.74			
ADMINISTRATIVE DAYS	0	0	729.16CR	.00	.000	.00	.49CR			
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00			
ALL OTHER ACCOM	14	51	46,809.94	917.84	.034	3343.57	31.23			
ANCILLARIES	14	0	111,002.46	.00	.000	7928.75	74.05			
INPATIENT CROSSOVERS	21	179	19,930.48	111.34	.119	949.07	13.30			
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00			

COMM HOSP OUTPATIENT TOTAL	1,195	7,948		352,485.67	44.35	5.302	294.97	235.15
MEDICAL	326	670		46,842.48	69.91	.447	143.69	31.25
SURGERY	99	126		8,671.05	68.82	.084	87.59	5.78
PATHOLOGY	455	3,669		38,470.26	10.49	2.448	84.55	25.66
RADIOLOGY	301	526		104,508.87	198.69	.351	347.21	69.72
ROOM USE	681	1,040		41,335.07	39.75	.694	60.70	27.58
CROSSOVERS/ALL OTH OUTPTNT	431	1,917		112,657.94	58.77	1.279	261.39	75.16
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	11	176	\$	26,100.55	\$ 148.30	.117	\$ 2372.78	\$ 17.41
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	11	176		26,100.55	148.30	.117	2372.78	17.41
@INTERMEDIATE CARE FACIL.-DD	1	31	\$	4,595.17	\$ 148.23	.021	\$ 4595.17	\$ 3.07
ICF DDH	1	31		4,595.17	148.23	.021	4595.17	3.07
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	7	6CR	\$	70,252.23	\$ 11708.71CR	.004CR	\$ 10036.03	\$ 46.87
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	7	6CR		70,252.23	11708.71CR	.004CR	10036.03	46.87
@REHABILITATION FACILITY	65	697	\$	16,361.12	\$ 23.47	.465	\$ 251.71	\$ 10.91
HOSPITAL BASED	41	102		9,555.23	93.68	.068	233.05	6.37
INDEPENDENT FACILITY	25	595		6,805.89	11.44	.397	272.24	4.54
@LABORATORY FACILITY	156	194	\$	4,192.62	\$ 21.61	.129	\$ 26.88	\$ 2.80
PATHOLOGY	156	197		4,202.84	21.33	.131	26.94	2.80
XO AND OTHERS	0	3CR		10.22CR	3.41	.002CR	.00	.01CR
@ORGANIZED OUTPATIENT CLINIC	17,808	25,635	\$	2,000,341.08	\$ 78.03	17.101	\$ 112.33	\$ 1334.45
CLINIC	9	27		1,246.22	46.16	.018	138.47	.83
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	7	119		1,376.32	11.57	.079	196.62	.92
RURAL HEALTH CLINIC	17,792	25,489		1,997,718.54	78.38	17.004	112.28	1332.70

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

1,499 ELIGIBLES		----- MONTHLY AVERAGE -----						
	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	8,255	115,059	\$ 1,855,762.91	\$ 16.13	76.757	\$ 224.80	\$ 1238.00	
DURABLE MED. EQUIP.	272	1,116	338,194.54	303.04	.744	1243.36	225.61	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	80	351	33,697.34	96.00	.234	421.22	22.48	
MEDICAL TRANSPORTATION	40	2,190	22,559.42	10.30	1.461	563.99	15.05	
AMBULANCES/AIR TRANS	33	2,165	17,452.98	8.06	1.444	528.88	11.64	
OTHER TRANS	1	6	40.50	6.75	.004	40.50	.03	
OTHER SERVICES	8	19	5,065.94	266.63	.013	633.24	3.38	
ACUPUNCTURE	1	1	16.22	16.22	.001	16.22	.01	
ADULT DAY HEALTH CARE CTR	188	2,995	196,430.20	65.59	1.998	1044.84	131.04	
GENETIC DISEASE TESTING	212	213	16,585.00	77.86	.142	78.23	11.06	
IHMC,MODEL-NF,NF,AIDS,MSSP	1,515	15,078	848,921.01	56.30	10.059	560.34	566.32	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	3,196	6,871	75,226.86	10.95	4.584	23.54	50.18	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	

PORTABLE X-RAY	2	4	98.94	24.74	.003	49.47	.07
PROSTHETIST/ORTHOTISTS	64	510	64,523.00	126.52	.340	1008.17	43.04
PROSTHETICS	64	510	64,523.00	126.52	.340	1008.17	43.04
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	20	64	4,045.30	63.21	.043	202.27	2.70
SPEECH AND AUDIOLOGY	17	51	5,536.11	108.55	.034	325.65	3.69
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,678	14,731	121,265.68	8.23	9.827	45.28	80.90
EPSDT SUPPLEMENTAL SERVICE	21	3,072	107,919.36	35.13	2.049	5139.02	71.99
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	100	67,812	20,743.93	.31	45.238	207.44	13.84
@CALIF. CHILDREN SERVICES*	3,470	101,622	\$ 7,042,335.23	\$ 69.30	67.793	\$ 2029.49	\$ 4698.02
@XOVER EXCLUDING STATE HOSP**	145	873	\$ 140,355.55	\$ 160.77	.582	\$ 967.97	\$ 93.63

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 7,997
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED	AID CODE 14 1H 1U

81 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,637	5,094	\$ 291,153.84	\$ 57.16	62.889	\$ 177.86	\$ 3594.49
@PHYSICIANS SERVICES	9	71	\$ 2,282.59	\$ 32.15	.877	\$ 253.62	\$ 28.18
OUTPATIENT VISITS	6	11	598.99	54.45	.136	99.83	7.39
OFFICE VISITS	2	4	181.70	45.43	.049	90.85	2.24
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	6	398.09	66.35	.074	99.52	4.91
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	19.20	19.20	.012	19.20	.24
INPATIENT VISITS	3	38	1,374.75	36.18	.469	458.25	16.97
HOSPITAL VISITS	3	38	1,374.75	36.18	.469	458.25	16.97
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	10	70.56	7.06	.123	23.52	.87
RADIOLOGY	2	10	181.56	18.16	.123	90.78	2.24
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	56.73	28.37	.025	28.37	.70
@PHARMACY	227	466	\$ 33,582.94	\$ 72.07	5.753	\$ 147.94	\$ 414.60
PRESCRIPTION DRUGS	226	365	33,442.33	91.62	4.506	147.97	412.87

SNF/ICF	24	40		4,030.66	100.77	.494	167.94	49.76
OUTPATIENTS	203	325		29,411.67	90.50	4.012	144.89	363.11
MEDICAL SUPPLIES	2	101		140.61	1.39	1.247	70.31	1.74
@DENTIST	551	2,480	\$	129,549.11	\$ 52.24	30.617	\$ 235.12	\$ 1599.37
VISITS - DIAGNOSTIC	354	1,446		19,263.75	13.32	17.852	54.42	237.82
ORAL SURGERY	92	275		12,502.66	45.46	3.395	135.90	154.35
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	5	5		300.00	60.00	.062	60.00	3.70
PERIODONTICS	32	33		5,425.00	164.39	.407	169.53	66.98
ENDODONTICS	32	61		13,732.00	225.11	.753	429.13	169.53
RESTORATIVE DENTISTRY	135	401		41,602.50	103.75	4.951	308.17	513.61
PROSTHETICS	6	7		160.00	22.86	.086	26.67	1.98
DENTURES, STAYPLATES	87	244		36,563.20	149.85	3.012	420.27	451.40
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	8	8		.00	.00	.099	.00	.00

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81 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 22.59	\$ 22.59	.012	\$ 22.59	\$.28
DIAGNOSTIC AND ANC. PROCED	1	1	22.59	22.59	.012	22.59	.28
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	8	44	\$ 12,562.31	\$ 285.51	.543	\$ 1570.29	\$ 155.09
HOSP INPATIENT TOTAL	2	24	12,145.83	506.08	.296	6072.92	149.95
HSC HOSPITALS	1	12	11,400.00	950.00	.148	11400.00	140.74
NON-HSC HOSPITAL TOTAL	0	0	46.17CR	.00	.000	.00	.57CR
ACCOMMODATIONS	0	0	46.17CR	.00	.000	.00	.57CR
ADMINISTRATIVE DAYS	0	0	46.17CR	.00	.000	.00	.57CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	12	792.00	66.00	.148	792.00	9.78
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	20	416.48	20.82	.247	69.41	5.14
MEDICAL	1	1	44.66	44.66	.012	44.66	.55
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	13	166.34	12.80	.160	55.45	2.05

RADIOLOGY	2	3	83.15	27.72	.037	41.58	1.03
ROOM USE	3	3	119.33	39.78	.037	39.78	1.47
CROSSOVERS/ALL OTH OUTPTNT	0	0	3.00	.00	.000	.00	.04
@COUNTY HOSPITAL TOTAL	5	14	\$ 986.12	\$ 70.44	.173	\$ 197.22	\$ 12.17
CO HOSPITAL INPATIENT TOTAL	1	6	792.00	132.00	.074	792.00	9.78
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	6	792.00	132.00	.074	792.00	9.78
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	8	194.12	24.27	.099	48.53	2.40
MEDICAL	1	1	31.28	31.28	.012	31.28	.39
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	42.05	14.02	.037	42.05	.52
RADIOLOGY	1	2	54.57	27.29	.025	54.57	.67
ROOM USE	2	2	66.22	33.11	.025	33.11	.82
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
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					----- MONTHLY AVERAGE -----			
81 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	3	30	\$ 11,576.19	\$ 385.87	.370	\$ 3858.73	\$ 142.92	
COMM HOSP INPATIENT TOTAL	1	18	11,353.83	630.77	.222	11353.83	140.17	
HSC HOSPITALS	1	12	11,400.00	950.00	.148	11400.00	140.74	
NON-HSC HOSPITALS TOTAL	0	0	46.17CR	.00	.000	.00	.57CR	
ACCOMMODATIONS	0	0	46.17CR	.00	.000	.00	.57CR	

ADMINISTRATIVE DAYS	0	0		46.17CR	.00	.000	.00	.57CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	6		.00	.00	.074	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	12		222.36	18.53	.148	111.18	2.75
MEDICAL	0	0		13.38	.00	.000	.00	.17
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	10		124.29	12.43	.123	62.15	1.53
RADIOLOGY	1	1		28.58	28.58	.012	28.58	.35
ROOM USE	1	1		53.11	53.11	.012	53.11	.66
CROSSOVERS/ALL OTH OUTPTNT	0	0		3.00	.00	.000	.00	.04
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	31	\$	3,533.38	\$ 113.98	.383	\$ 3533.38	\$ 43.62
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	31		3,533.38	113.98	.383	3533.38	43.62
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	1CR	\$	342.08	\$ 342.08CR	.012CR\$	.00	\$ 4.22
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	1CR		342.08	342.08CR	.012CR	.00	4.22
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	9	\$	98.05	\$ 10.89	.111	\$ 49.03	\$ 1.21
PATHOLOGY	2	9		98.05	10.89	.111	49.03	1.21
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	679	1,187	\$	81,280.72	\$ 68.48	14.654	\$ 119.71	\$ 1003.47
CLINIC	7	179		3,429.31	19.16	2.210	489.90	42.34
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	676	1,008		77,851.41	77.23	12.444	115.16	961.13

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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
81 ELIGIBLES							
@ALL OTHER PROVIDERS	261	806	\$ 27,900.07	\$ 34.62	9.951	\$ 106.90	\$ 344.45
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	5	157.58	31.52	.062	157.58	1.95
AMBULANCES/AIR TRANS	1	5	157.58	31.52	.062	157.58	1.95
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	17	260	17,300.40	66.54	3.210	1017.67	213.59
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	11	52	4,150.37	79.81	.642	377.31	51.24
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	227	475	6,016.42	12.67	5.864	26.50	74.28
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	14	275.30	19.66	.173	55.06	3.40
@CALIF. CHILDREN SERVICES*	0	5CR	\$ 275.27CR	\$ 55.05	.062CR\$	.00	\$ 3.40CR
@XOVER EXCLUDING STATE HOSP**	6	13	\$ 1,409.38	\$ 108.41	.160	\$ 234.90	\$ 17.40

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5	12	\$ 312.95	\$ 26.08	6.000	\$ 62.59	\$ 156.48
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000	.00	.00
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	0	0		.00		.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	1	4	\$	49.00	\$	12.25	2.000	\$ 49.00	\$ 24.50
VISITS - DIAGNOSTIC	1	4		49.00		12.25	2.000	49.00	24.50
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
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02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,003
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	3	\$	223.97	\$	74.66	1.500	\$ 74.66	\$ 111.99
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	3	3		223.97		74.66	1.500	74.66	111.99

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,004
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	5	\$ 39.98	\$ 8.00	2.500	\$ 39.98	\$ 19.99
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	5	39.98	8.00	2.500	39.98	19.99
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,005
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	

53 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,933	32,947	\$ 902,843.73	\$ 27.40	621.642	\$ 467.07	\$ 17034.79
@PHYSICIANS SERVICES	55	393	\$ 16,789.45	\$ 42.72	7.415	\$ 305.26	\$ 316.78
OUTPATIENT VISITS	21	27	1,347.09	49.89	.509	64.15	25.42
OFFICE VISITS	8	11	527.76	47.98	.208	65.97	9.96
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	10	546.83	54.68	.189	60.76	10.32
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	6	272.50	45.42	.113	54.50	5.14
INPATIENT VISITS	12	44	2,152.52	48.92	.830	179.38	40.61
HOSPITAL VISITS	10	41	1,660.24	40.49	.774	166.02	31.33
CRITICAL CARE	3	3	492.28	164.09	.057	164.09	9.29
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	51.90	51.90	.019	51.90	.98
EXAMINATIONS	1	1	51.90	51.90	.019	51.90	.98
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	11	83	7,875.91	94.89	1.566	715.99	148.60
PRINCIPAL SURGEON	7	12	5,815.76	484.65	.226	830.82	109.73
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	71	2,060.15	29.02	1.340	294.31	38.87

OUTPATIENT SURGERY	4	8	993.69	124.21	.151	248.42	18.75
PRINCIPAL SURGEON	3	4	791.71	197.93	.075	263.90	14.94
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	201.98	50.50	.075	201.98	3.81
DIALYSIS	5	40	1,898.10	47.45	.755	379.62	35.81
PATHOLOGY	4	31	60.79	1.96	.585	15.20	1.15
RADIOLOGY	13	22	554.14	25.19	.415	42.63	10.46
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	105	.00	.00	1.981	.00	.00
OTHER SERVICES/ALL X-OVERS	15	32	1,855.31	57.98	.604	123.69	35.01
@PHARMACY	1,009	9,001	\$ 510,305.50	\$ 56.69	169.830	\$ 505.75	\$ 9628.41
PRESCRIPTION DRUGS	981	2,299	501,045.80	217.94	43.377	510.75	9453.69
SNF/ICF	40	187	22,469.53	120.16	3.528	561.74	423.95
OUTPATIENTS	942	2,112	478,576.27	226.60	39.849	508.04	9029.74
MEDICAL SUPPLIES	65	6,702	9,259.70	1.38	126.453	142.46	174.71
@DENTIST	509	2,529	\$ 108,696.42	\$ 42.98	47.717	\$ 213.55	\$ 2050.88
VISITS - DIAGNOSTIC	358	1,493	20,269.17	13.58	28.170	56.62	382.44
ORAL SURGERY	94	316	16,290.00	51.55	5.962	173.30	307.36
DRUGS	2	2	50.00	25.00	.038	25.00	.94
ANESTHESIA	13	13	1,200.00	92.31	.245	92.31	22.64
PERIODONTICS	38	39	7,165.00	183.72	.736	188.55	135.19
ENDODONTICS	32	55	11,182.00	203.31	1.038	349.44	210.98
RESTORATIVE DENTISTRY	155	459	36,582.25	79.70	8.660	236.01	690.23
PROSTHETICS	5	6	150.00	25.00	.113	30.00	2.83
DENTURES, STAYPLATES	32	135	15,808.00	117.10	2.547	494.00	298.26
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	3	.00	.00	.057	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	6	8	.00	.00	.151	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,006
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G						

53 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$	.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	10	2,577	\$ 76,147.59	\$ 29.55	48.623	\$	7614.76	\$ 1436.75
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	56	237	\$ 74,928.87	\$ 316.16	4.472	\$	1338.02	\$ 1413.75
HOSP INPATIENT TOTAL	12	98	70,020.40	714.49	1.849		5835.03	1321.14
HSC HOSPITALS	6	31	47,445.00	1530.48	.585		7907.50	895.19

NON-HSC HOSPITAL TOTAL	1	22	18,633.33	846.97	.415	18633.33	351.57
ACCOMMODATIONS	1	22	18,633.33	846.97	.415	18633.33	351.57
ADMINISTRATIVE DAYS	0	0	528.67CR	.00	.000	.00	9.97CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	22	19,162.00	871.00	.415	19162.00	361.55
ANCILLARIES	1	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	45	3,942.07	87.60	.849	788.41	74.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	45	139	4,908.47	35.31	2.623	109.08	92.61
MEDICAL	11	18	782.87	43.49	.340	71.17	14.77
SURGERY	4	4	277.39	69.35	.075	69.35	5.23
PATHOLOGY	18	43	448.01	10.42	.811	24.89	8.45
RADIOLOGY	14	14	1,234.05	88.15	.264	88.15	23.28
ROOM USE	23	34	1,415.93	41.65	.642	61.56	26.72
CROSSOVERS/ALL OTH OUTPTNT	13	26	750.22	28.85	.491	57.71	14.16
@COUNTY HOSPITAL TOTAL	22	111	\$ 13,145.75	\$ 118.43	2.094	\$ 597.53	\$ 248.03
CO HOSPITAL INPATIENT TOTAL	7	51	11,037.58	216.42	.962	1576.80	208.26
HSC HOSPITALS	2	6	7,200.00	1200.00	.113	3600.00	135.85
NON-HSC HOSPITALS TOTAL	0	0	104.49CR	.00	.000	.00	1.97CR
ACCOMMODATIONS	0	0	104.49CR	.00	.000	.00	1.97CR
ADMINISTRATIVE DAYS	0	0	104.49CR	.00	.000	.00	1.97CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	45	3,942.07	87.60	.849	788.41	74.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	15	60	2,108.17	35.14	1.132	140.54	39.78
MEDICAL	7	8	503.23	62.90	.151	71.89	9.49
SURGERY	1	1	37.66	37.66	.019	37.66	.71
PATHOLOGY	7	19	199.43	10.50	.358	28.49	3.76
RADIOLOGY	4	4	213.41	53.35	.075	53.35	4.03
ROOM USE	8	12	558.49	46.54	.226	69.81	10.54
CROSSOVERS/ALL OTH OUTPTNT	7	16	595.95	37.25	.302	85.14	11.24

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,007
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

53 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	34	126	\$ 61,783.12	\$ 490.34	2.377	\$ 1817.15	\$ 1165.72
COMM HOSP INPATIENT TOTAL	5	47	58,982.82	1254.95	.887	11796.56	1112.88
HSC HOSPITALS	4	25	40,245.00	1609.80	.472	10061.25	759.34
NON-HSC HOSPITALS TOTAL	1	22	18,737.82	851.72	.415	18737.82	353.54
ACCOMMODATIONS	1	22	18,737.82	851.72	.415	18737.82	353.54
ADMINISTRATIVE DAYS	0	0	424.18CR	.00	.000	.00	8.00CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	22	19,162.00	871.00	.415	19162.00	361.55
ANCILLARIES	1	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	30	79	2,800.30	35.45	1.491	93.34	52.84
MEDICAL	4	10	279.64	27.96	.189	69.91	5.28
SURGERY	3	3	239.73	79.91	.057	79.91	4.52
PATHOLOGY	11	24	248.58	10.36	.453	22.60	4.69
RADIOLOGY	10	10	1,020.64	102.06	.189	102.06	19.26
ROOM USE	15	22	857.44	38.97	.415	57.16	16.18

CROSSEOVERS/ALL OTH OUTPTNT	6	10		154.27	15.43	.189	25.71	2.91	
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00	
ICF DD	0	0		.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	8	510	\$	23,372.17	\$ 45.83	9.623	\$ 2921.52	\$ 440.98	
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	8	510		23,372.17	45.83	9.623	2921.52	440.98	
@REHABILITATION FACILITY	3	6	\$	4,342.35	\$ 723.73	.113	\$ 1447.45	\$ 81.93	
HOSPITAL BASED	3	6		4,342.35	723.73	.113	1447.45	81.93	
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00	
@LABORATORY FACILITY	9	84	\$	975.93	\$ 11.62	1.585	\$ 108.44	\$ 18.41	
PATHOLOGY	9	84		975.93	11.62	1.585	108.44	18.41	
XO AND OTHERS	0	0		.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	309	437	\$	33,588.02	\$ 76.86	8.245	\$ 108.70	\$ 633.74	
CLINIC	0	0		.00	.00	.000	.00	.00	
SURGICENTER	0	0		.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	1	13		157.94	12.15	.245	157.94	2.98	
RURAL HEALTH CLINIC	308	424		33,430.08	78.84	8.000	108.54	630.76	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 8,008
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G								

53 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	234	17,173	\$ 53,697.43	\$ 3.13	324.019	\$ 229.48	\$ 1013.16
DURABLE MED. EQUIP.	57	213	32,513.20	152.64	4.019	570.41	613.46
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	3	16.28	5.43	.057	16.28	.31
MEDICAL TRANSPORTATION	5	120	4,043.42	33.70	2.264	808.68	76.29
AMBULANCES/AIR TRANS	5	119	2,243.42	18.85	2.245	448.68	42.33
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.019	1800.00	33.96
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	10	41	4,054.98	98.90	.774	405.50	76.51
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	140	312	3,820.39	12.24	5.887	27.29	72.08
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	46	4,852.81	105.50	.868	808.80	91.56
PROSTHETICS	6	46	4,852.81	105.50	.868	808.80	91.56
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	228	815.47	3.58	4.302	135.91	15.39
EPSDT SUPPLEMENTAL SERVICE	3	59	1,705.78	28.91	1.113	568.59	32.18
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	14	16,151	1,875.10	.12	304.736	133.94	35.38
@CALIF. CHILDREN SERVICES*	179	25,396	\$ 230,661.68	\$ 9.08	479.170	\$ 1288.61	\$ 4352.11
@XOVER EXCLUDING STATE HOSP**	7	4	\$ 10,814.23	\$ 2703.56	.075	\$ 1544.89	\$ 204.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,009
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J	

	100,269 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	67,291	248,889	\$ 19,163,925.64	\$ 77.00	2.482	\$ 284.79	\$ 191.13	
@PHYSICIANS SERVICES	6,963	20,731	\$ 1,692,930.54	\$ 81.66	.207	\$ 243.13	\$ 16.88	
OUTPATIENT VISITS	3,287	5,894	245,730.56	41.69	.059	74.76	2.45	
OFFICE VISITS	530	656	29,120.32	44.39	.007	54.94	.29	
HOME VISITS	6	6	281.24	46.87	.000	46.87	.00	
EMERGENCY ROOM	1,537	1,680	86,419.52	51.44	.017	56.23	.86	
PREVENTIVE CARE	5	5	236.15	47.23	.000	47.23	.00	
OB VISITS/COMPRE PERI	1,001	3,154	114,627.79	36.34	.031	114.51	1.14	
OTHER OUTPATIENT	349	393	15,045.54	38.28	.004	43.11	.15	
INPATIENT VISITS	1,462	4,706	395,074.96	83.95	.047	270.23	3.94	
HOSPITAL VISITS	1,303	3,129	147,805.93	47.24	.031	113.44	1.47	
CRITICAL CARE	247	1,576	247,241.53	156.88	.016	1000.98	2.47	
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.000	27.50	.00	
OPHTHALMOLOGICAL SERVICES	34	50	2,806.92	56.14	.000	82.56	.03	

EXAMINATIONS	34	50	2,806.92	56.14	.000	82.56	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,219	3,334	620,044.88	185.98	.033	508.65	6.18
PRINCIPAL SURGEON	986	1,066	546,275.69	512.45	.011	554.03	5.45
ASSISTANT SURGEON	74	75	12,752.75	170.04	.001	172.33	.13
ANESTHESIOLOGIST	278	2,193	61,016.44	27.82	.022	219.48	.61
OUTPATIENT SURGERY	422	836	78,660.14	94.09	.008	186.40	.78
PRINCIPAL SURGEON	377	475	67,894.02	142.93	.005	180.09	.68
ASSISTANT SURGEON	1	1	148.92	148.92	.000	148.92	.00
ANESTHESIOLOGIST	120	360	10,617.20	29.49	.004	88.48	.11
DIALYSIS	11	56	3,592.46	64.15	.001	326.59	.04
PATHOLOGY	671	1,163	20,668.23	17.77	.012	30.80	.21
RADIOLOGY	1,899	2,758	93,192.22	33.79	.028	49.07	.93
PSYCHIATRY	1	3	130.26	43.42	.000	130.26	.00
IMMUNIZATION AND INJECTION	125	299	3,466.14	11.59	.003	27.73	.03
OTHER SERVICES/ALL X-OVERS	927	1,632	229,563.77	140.66	.016	247.64	2.29
@PHARMACY	5,431	12,653	\$ 596,563.29	\$ 47.15	.126	\$ 109.84	\$ 5.95
PRESCRIPTION DRUGS	5,277	9,827	532,863.71	54.22	.098	100.98	5.31
SNF/ICF	8	14	946.23	67.59	.000	118.28	.01
OUTPATIENTS	5,270	9,813	531,917.48	54.21	.098	100.93	5.30
MEDICAL SUPPLIES	401	2,826	63,699.58	22.54	.028	158.85	.64
@DENTIST	17,413	98,026	\$ 3,088,502.69	\$ 31.51	.978	\$ 177.37	\$ 30.80
VISITS - DIAGNOSTIC	12,592	60,495	769,013.09	12.71	.603	61.07	7.67
ORAL SURGERY	2,319	4,594	270,284.45	58.83	.046	116.55	2.70
DRUGS	2,735	3,102	69,738.58	22.48	.031	25.50	.70
ANESTHESIA	197	210	18,750.00	89.29	.002	95.18	.19
PERIODONTICS	618	645	103,620.05	160.65	.006	167.67	1.03
ENDODONTICS	1,754	3,522	359,956.26	102.20	.035	205.22	3.59
RESTORATIVE DENTISTRY	7,167	23,966	1,372,629.57	57.27	.239	191.52	13.69
PROSTHETICS	43	44	1,092.50	24.83	.000	25.41	.01
DENTURES, STAYPLATES	123	525	54,930.50	104.63	.005	446.59	.55
SPACE MAINTAINERS	158	187	20,344.37	108.79	.002	128.76	.20
MAXILLOFACIAL SERVICES	34	35	1,740.00	49.71	.000	51.18	.02
FRACTURES, DISLOCATIONS	1	1	18.75	18.75	.000	18.75	.00
ORTHODONTIC SERVICES	432	534	45,909.57	85.97	.005	106.27	.46
ALL OTHER SERVICES	151	166	475.00	2.86	.002	3.15	.00

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,010
 FEE-FOR-SERVICE/DENTAL 01/17/03
 SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

	100,269 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	12	\$	318.08	\$ 26.51	.000	\$ 79.52	\$.00
DIAGNOSTIC AND ANC. PROCED	4	4		189.80	47.45	.000	47.45	.00
EYE APPLIANCES	4	8		128.28	16.04	.000	32.07	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$	47.54	\$ 47.54	.000	\$ 47.54	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	1	1		47.54	47.54	.000	47.54	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	437	650	\$	42,311.95	\$ 65.10	.006	\$ 96.82	\$.42
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	7,052	27,353	\$	8,668,928.95	\$	316.93	.273	\$	1229.29	\$	86.46
HOSP INPATIENT TOTAL	1,379	5,642		8,074,432.61		1431.13	.056		5855.28		80.53
HSC HOSPITALS	1,097	4,514		5,706,076.45		1264.08	.045		5201.53		56.91
NON-HSC HOSPITAL TOTAL	289	1,128		2,368,356.16		2099.61	.011		8195.00		23.62
ACCOMMODATIONS	286	1,128		826,887.01		733.06	.011		2891.21		8.25
ADMINISTRATIVE DAYS	2	9		1,405.33		156.15	.000		702.67		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	284	1,119		825,481.68		737.70	.011		2906.63		8.23
ANCILLARIES	289	0		1,541,469.15		.00	.000		5333.80		15.37
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6,088	21,711		594,496.34		27.38	.217		97.65		5.93
MEDICAL	510	741		41,537.49		56.06	.007		81.45		.41
SURGERY	229	288		14,956.69		51.93	.003		65.31		.15
PATHOLOGY	3,282	11,045		132,763.60		12.02	.110		40.45		1.32
RADIOLOGY	1,200	1,495		122,758.05		82.11	.015		102.30		1.22
ROOM USE	3,115	4,426		162,403.61		36.69	.044		52.14		1.62
CROSSOVERS/ALL OTH OUTPTNT	2,125	3,716		120,076.90		32.31	.037		56.51		1.20
@COUNTY HOSPITAL TOTAL	4,142	14,807	\$	3,550,205.78	\$	239.77	.148	\$	857.12	\$	35.41
CO HOSPITAL INPATIENT TOTAL	863	2,711		3,261,941.66		1203.22	.027		3779.77		32.53
HSC HOSPITALS	863	2,704		3,259,984.90		1205.62	.027		3777.50		32.51
NON-HSC HOSPITALS TOTAL	1	7		1,956.76		279.54	.000		1956.76		.02
ACCOMMODATIONS	1	7		1,595.88		227.98	.000		1595.88		.02
ADMINISTRATIVE DAYS	1	7		1,595.88		227.98	.000		1595.88		.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		360.88		.00	.000		360.88		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3,522	12,096		288,264.12		23.83	.121		81.85		2.87
MEDICAL	160	209		9,103.58		43.56	.002		56.90		.09
SURGERY	100	133		4,812.63		36.19	.001		48.13		.05
PATHOLOGY	1,724	5,838		67,196.82		11.51	.058		38.98		.67
RADIOLOGY	621	745		49,900.87		66.98	.007		80.36		.50
ROOM USE	2,119	3,139		109,480.36		34.88	.031		51.67		1.09
CROSSOVERS/ALL OTH OUTPTNT	1,296	2,032		47,769.86		23.51	.020		36.86		.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 8,011
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J										

	100,269 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,051	12,546	\$	5,118,723.17	\$ 408.00	.125	\$ 1677.72	\$ 51.05
COMM HOSP INPATIENT TOTAL	524	2,931		4,812,490.95	1641.93	.029	9184.14	48.00
HSC HOSPITALS	240	1,810		2,446,091.55	1351.43	.018	10192.05	24.40
NON-HSC HOSPITALS TOTAL	288	1,121		2,366,399.40	2110.97	.011	8216.66	23.60
ACCOMMODATIONS	285	1,121		825,291.13	736.21	.011	2895.76	8.23
ADMINISTRATIVE DAYS	1	2		190.55CR	95.28CR	.000	190.55CR	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	284	1,119		825,481.68	737.70	.011	2906.63	8.23
ANCILLARIES	288	0		1,541,108.27	.00	.000	5351.07	15.37
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	2,659	9,615		306,232.22		31.85	.096	115.17	3.05
MEDICAL	351	532		32,433.91		60.97	.005	92.40	.32
SURGERY	129	155		10,144.06		65.45	.002	78.64	.10
PATHOLOGY	1,583	5,207		65,566.78		12.59	.052	41.42	.65
RADIOLOGY	581	750		72,857.18		97.14	.007	125.40	.73
ROOM USE	1,015	1,287		52,923.25		41.12	.013	52.14	.53
CROSSOVERS/ALL OTH OUTPTNT	843	1,684		72,307.04		42.94	.017	85.77	.72
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	1	26	\$	2,995.46	\$	115.21	.000	\$ 2995.46	\$.03
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	1	26		2,995.46		115.21	.000	2995.46	.03
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	27	1,676	\$	125,217.54	\$	74.71	.017	\$ 4637.69	\$ 1.25
HOSPITAL BASED	5	203		78,231.34		385.38	.002	15646.27	.78
HEMODIALYSIS CENTER	22	1,473		46,986.20		31.90	.015	2135.74	.47
@REHABILITATION FACILITY	38	343	\$	6,057.54	\$	17.66	.003	\$ 159.41	\$.06
HOSPITAL BASED	24	44		2,091.93		47.54	.000	87.16	.02
INDEPENDENT FACILITY	14	299		3,965.61		13.26	.003	283.26	.04
@LABORATORY FACILITY	1,817	3,889	\$	96,012.78	\$	24.69	.039	\$ 52.84	\$.96
PATHOLOGY	1,817	3,889		96,012.78		24.69	.039	52.84	.96
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	33,136	54,746	\$	4,399,215.36	\$	80.36	.546	\$ 132.76	\$ 43.87
CLINIC	465	1,736		44,730.57		25.77	.017	96.19	.45
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	2	35		394.18		11.26	.000	197.09	.00
RURAL HEALTH CLINIC	32,682	52,975		4,354,090.61		82.19	.528	133.23	43.42

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,012
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

	100,269 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6,588	28,783	\$	444,823.92	\$ 15.45	.287	\$ 67.52	\$ 4.44
DURABLE MED. EQUIP.	79	450		43,102.06	95.78	.004	545.60	.43
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	33	110		12,793.67	116.31	.001	387.69	.13
MEDICAL TRANSPORTATION	157	4,603		79,874.74	17.35	.046	508.76	.80
AMBULANCES/AIR TRANS	154	4,585		51,149.74	11.16	.046	332.14	.51
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	18	18		28,725.00	1595.83	.000	1595.83	.29
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1,217	1,222		99,373.50	81.32	.012	81.65	.99
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	2,005	4,238		42,882.26	10.12	.042	21.39	.43
PHYSICAL THERAPIST	234	614		37,206.20	60.60	.006	159.00	.37

PORTABLE X-RAY	1	1	17.30	17.30	.000	17.30	.00
PROSTHETIST/ORTHOTISTS	87	318	27,501.54	86.48	.003	316.11	.27
PROSTHETICS	47	263	22,042.65	83.81	.003	468.99	.22
ORTHOTICS	51	55	5,458.89	99.25	.001	107.04	.05
PSYCHOLOGIST	6	14	797.79	56.99	.000	132.97	.01
SPEECH AND AUDIOLOGY	10	25	1,181.82	47.27	.000	118.18	.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,817	10,820	98,833.84	9.13	.108	35.08	.99
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	6,368	1,259.20	.20	.064	139.91	.01
@CALIF. CHILDREN SERVICES*	1,938	21,406	\$ 4,008,376.29	\$ 187.25	.213	\$ 2068.31	\$ 39.98
@XOVER EXCLUDING STATE HOSP**	5	35	\$ 970.94	\$ 27.74	.000	\$ 194.19	\$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,013
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC	

100,405 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	70,866	286,942	\$ 20,358,236.16	\$ 70.95	2.858	\$ 287.28	\$ 202.76
@PHYSICIANS SERVICES	7,027	21,195	\$ 1,712,002.58	\$ 80.77	.211	\$ 243.63	\$ 17.05
OUTPATIENT VISITS	3,314	5,932	247,676.64	41.75	.059	74.74	2.47
OFFICE VISITS	540	671	29,829.78	44.46	.007	55.24	.30
HOME VISITS	6	6	281.24	46.87	.000	46.87	.00
EMERGENCY ROOM	1,550	1,696	87,364.44	51.51	.017	56.36	.87
PREVENTIVE CARE	5	5	236.15	47.23	.000	47.23	.00
OB VISITS/COMPRES PERI	1,001	3,154	114,627.79	36.34	.031	114.51	1.14
OTHER OUTPATIENT	355	400	15,337.24	38.34	.004	43.20	.15
INPATIENT VISITS	1,477	4,788	398,602.23	83.25	.048	269.87	3.97
HOSPITAL VISITS	1,316	3,208	150,840.92	47.02	.032	114.62	1.50
CRITICAL CARE	250	1,579	247,733.81	156.89	.016	990.94	2.47
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.000	27.50	.00
OPHTHALMOLOGICAL SERVICES	35	51	2,858.82	56.06	.001	81.68	.03
EXAMINATIONS	35	51	2,858.82	56.06	.001	81.68	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,230	3,417	627,920.79	183.76	.034	510.50	6.25
PRINCIPAL SURGEON	993	1,078	552,091.45	512.14	.011	555.98	5.50
ASSISTANT SURGEON	74	75	12,752.75	170.04	.001	172.33	.13
ANESTHESIOLOGIST	285	2,264	63,076.59	27.86	.023	221.32	.63
OUTPATIENT SURGERY	426	844	79,653.83	94.38	.008	186.98	.79
PRINCIPAL SURGEON	380	479	68,685.73	143.39	.005	180.75	.68
ASSISTANT SURGEON	1	1	148.92	148.92	.000	148.92	.00
ANESTHESIOLOGIST	121	364	10,819.18	29.72	.004	89.41	.11
DIALYSIS	16	96	5,490.56	57.19	.001	343.16	.05
PATHOLOGY	678	1,204	20,799.58	17.28	.012	30.68	.21
RADIOLOGY	1,914	2,790	93,927.92	33.67	.028	49.07	.94
PSYCHIATRY	1	3	130.26	43.42	.000	130.26	.00
IMMUNIZATION AND INJECTION	126	404	3,466.14	8.58	.004	27.51	.03
OTHER SERVICES/ALL X-OVERS	944	1,666	231,475.81	138.94	.017	245.21	2.31
@PHARMACY	6,667	22,120	\$ 1,140,451.73	\$ 51.56	.220	\$ 171.06	\$ 11.36
PRESCRIPTION DRUGS	6,484	12,491	1,067,351.84	85.45	.124	164.61	10.63

SNF/ICF	72	241		27,446.42	113.89	.002	381.20	.27	
OUTPATIENTS	6,415	12,250		1,039,905.42	84.89	.122	162.11	10.36	
MEDICAL SUPPLIES	468	9,629		73,099.89	7.59	.096	156.20	.73	
@DENTIST	18,474	103,039	\$	3,326,797.22	\$ 32.29	1.026	\$ 180.08	\$ 33.13	
VISITS - DIAGNOSTIC	13,305	63,438		808,595.01	12.75	.632	60.77	8.05	
ORAL SURGERY	2,505	5,185		299,077.11	57.68	.052	119.39	2.98	
DRUGS	2,737	3,104		69,788.58	22.48	.031	25.50	.70	
ANESTHESIA	215	228		20,250.00	88.82	.002	94.19	.20	
PERIODONTICS	688	717		116,210.05	162.08	.007	168.91	1.16	
ENDODONTICS	1,818	3,638		384,870.26	105.79	.036	211.70	3.83	
RESTORATIVE DENTISTRY	7,457	24,826		1,450,814.32	58.44	.247	194.56	14.45	
PROSTHETICS	54	57		1,402.50	24.61	.001	25.97	.01	
DENTURES, STAYPLATES	242	904		107,301.70	118.70	.009	443.40	1.07	
SPACE MAINTAINERS	158	187		20,344.37	108.79	.002	128.76	.20	
MAXILLOFACIAL SERVICES	37	38		1,740.00	45.79	.000	47.03	.02	
FRACTURES, DISLOCATIONS	1	1		18.75	18.75	.000	18.75	.00	
ORTHODONTIC SERVICES	432	534		45,909.57	85.97	.005	106.27	.46	
ALL OTHER SERVICES	165	182		475.00	2.61	.002	2.88	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 8,014
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC								

						----- MONTHLY AVERAGE -----		
100,405 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	5	13	\$ 340.67	\$ 26.21	.000	\$ 68.13	\$.00	
DIAGNOSTIC AND ANC. PROCED	5	5	212.39	42.48	.000	42.48	.00	
EYE APPLIANCES	4	8	128.28	16.04	.000	32.07	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	1	1	\$ 47.54	\$ 47.54	.000	\$ 47.54	\$.00	

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	1	1		47.54	47.54	.000	47.54	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	447	3,227	\$	118,459.54	\$ 36.71	.032	\$ 265.01	\$ 1.18
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7,116	27,634	\$	8,756,420.13	\$ 316.87	.275	\$ 1230.53	\$ 87.21
HOSP INPATIENT TOTAL	1,393	5,764		8,156,598.84	1415.09	.057	5855.42	81.24
HSC HOSPITALS	1,104	4,557		5,764,921.45	1265.07	.045	5221.85	57.42
NON-HSC HOSPITAL TOTAL	290	1,150		2,386,943.32	2075.60	.011	8230.84	23.77
ACCOMMODATIONS	287	1,150		845,474.17	735.19	.011	2945.90	8.42
ADMINISTRATIVE DAYS	2	9		830.49	92.28	.000	415.25	.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	285	1,141		844,643.68	740.27	.011	2963.66	8.41
ANCILLARIES	290	0		1,541,469.15	.00	.000	5315.41	15.35
INPATIENT CROSSOVERS	6	57		4,734.07	83.05	.001	789.01	.05
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6,139	21,870		599,821.29	27.43	.218	97.71	5.97
MEDICAL	522	760		42,365.02	55.74	.008	81.16	.42
SURGERY	233	292		15,234.08	52.17	.003	65.38	.15
PATHOLOGY	3,303	11,101		133,377.95	12.01	.111	40.38	1.33
RADIOLOGY	1,216	1,512		124,075.25	82.06	.015	102.04	1.24
ROOM USE	3,141	4,463		163,938.87	36.73	.044	52.19	1.63
CROSSOVERS/ALL OTH OUTPTNT	2,138	3,742		120,830.12	32.29	.037	56.52	1.20
@COUNTY HOSPITAL TOTAL	4,169	14,932	\$	3,564,337.65	\$ 238.70	.149	\$ 854.96	\$ 35.50
CO HOSPITAL INPATIENT TOTAL	871	2,768		3,273,771.24	1182.72	.028	3758.64	32.61
HSC HOSPITALS	865	2,710		3,267,184.90	1205.60	.027	3777.09	32.54
NON-HSC HOSPITALS TOTAL	1	7		1,852.27	264.61	.000	1852.27	.02
ACCOMMODATIONS	1	7		1,491.39	213.06	.000	1491.39	.01
ADMINISTRATIVE DAYS	1	7		1,491.39	213.06	.000	1491.39	.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	1	0		360.88	.00	.000	360.88	.00
INPATIENT CROSSOVERS	6	51		4,734.07	92.82	.001	789.01	.05
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3,541	12,164		290,566.41	23.89	.121	82.06	2.89
MEDICAL	168	218		9,638.09	44.21	.002	57.37	.10
SURGERY	101	134		4,850.29	36.20	.001	48.02	.05
PATHOLOGY	1,732	5,860		67,438.30	11.51	.058	38.94	.67
RADIOLOGY	626	751		50,168.85	66.80	.007	80.14	.50
ROOM USE	2,129	3,153		110,105.07	34.92	.031	51.72	1.10
CROSSOVERS/ALL OTH OUTPTNT	1,303	2,048		48,365.81	23.62	.020	37.12	.48

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

PAGE 8,015
01/17/03

	100,405 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,088	12,702	\$	5,192,082.48	\$ 408.76	.127	\$ 1681.37	\$ 51.71
COMM HOSP INPATIENT TOTAL	530	2,996		4,882,827.60	1629.78	.030	9212.88	48.63
HSC HOSPITALS	245	1,847		2,497,736.55	1352.32	.018	10194.84	24.88
NON-HSC HOSPITALS TOTAL	289	1,143		2,385,091.05	2086.69	.011	8252.91	23.75
ACCOMMODATIONS	286	1,143		843,982.78	738.39	.011	2950.99	8.41

ADMINISTRATIVE DAYS	1	2	660.90CR	330.45CR	.000	660.90CR	.01CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	285	1,141	844,643.68	740.27	.011	2963.66	8.41
ANCILLARIES	289	0	1,541,108.27	.00	.000	5332.55	15.35
INPATIENT CROSSOVERS	0	6	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,691	9,706	309,254.88	31.86	.097	114.92	3.08
MEDICAL	355	542	32,726.93	60.38	.005	92.19	.33
SURGERY	132	158	10,383.79	65.72	.002	78.67	.10
PATHOLOGY	1,596	5,241	65,939.65	12.58	.052	41.32	.66
RADIOLOGY	592	761	73,906.40	97.12	.008	124.84	.74
ROOM USE	1,031	1,310	53,833.80	41.09	.013	52.22	.54
CROSSOVERS/ALL OTH OUTPTNT	849	1,694	72,464.31	42.78	.017	85.35	.72
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	57	6,528.84	114.54	.001	3264.42	.07
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	2	57	6,528.84	114.54	.001	3264.42	.07
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	35	2,185	148,931.79	68.16	.022	4255.19	1.48
HOSPITAL BASED	5	203	78,231.34	385.38	.002	15646.27	.78
HEMODIALYSIS CENTER	30	1,982	70,700.45	35.67	.020	2356.68	.70
@REHABILITATION FACILITY	41	349	10,399.89	29.80	.003	253.66	.10
HOSPITAL BASED	27	50	6,434.28	128.69	.000	238.31	.06
INDEPENDENT FACILITY	14	299	3,965.61	13.26	.003	283.26	.04
@LABORATORY FACILITY	1,828	3,982	97,086.76	24.38	.040	53.11	.97
PATHOLOGY	1,828	3,982	97,086.76	24.38	.040	53.11	.97
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	34,127	56,373	4,514,308.07	80.08	.561	132.28	44.96
CLINIC	472	1,915	48,159.88	25.15	.019	102.03	.48
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	3	48	552.12	11.50	.000	184.04	.01
RURAL HEALTH CLINIC	33,669	54,410	4,465,596.07	82.07	.542	132.63	44.48

#CALIF DEPT OF HEALTH SERV MOP024
MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

PAGE 8,016
01/17/03

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
100,405 ELIGIBLES							
@ALL OTHER PROVIDERS	7,084	46,767	\$ 526,461.40	\$ 11.26	.466	\$ 74.32	\$ 5.24
DURABLE MED. EQUIP.	136	663	75,615.26	114.05	.007	555.99	.75
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	34	113	12,809.95	113.36	.001	376.76	.13
MEDICAL TRANSPORTATION	163	4,728	84,075.74	17.78	.047	515.80	.84
AMBULANCES/AIR TRANS	160	4,709	53,550.74	11.37	.047	334.69	.53
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	19	19	30,525.00	1606.58	.000	1606.58	.30
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	17	260	17,300.40	66.54	.003	1017.67	.17
GENETIC DISEASE TESTING	1,217	1,222	99,373.50	81.32	.012	81.65	.99
IHMC, MODEL-NF, NF, AIDS, MSSP	21	93	8,205.35	88.23	.001	390.73	.08
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,373	5,030	52,759.05	10.49	.050	22.23	.53
PHYSICAL THERAPIST	234	614	37,206.20	60.60	.006	159.00	.37
PORTABLE X-RAY	1	1	17.30	17.30	.000	17.30	.00
PROSTHETIST/ORTHOTISTS	93	364	32,354.35	88.89	.004	347.90	.32
PROSTHETICS	53	309	26,895.46	87.04	.003	507.46	.27
ORTHOTICS	51	55	5,458.89	99.25	.001	107.04	.05
PSYCHOLOGIST	6	14	797.79	56.99	.000	132.97	.01
SPEECH AND AUDIOLOGY	10	25	1,181.82	47.27	.000	118.18	.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,823	11,048	99,649.31	9.02	.110	35.30	.99
EPSDT SUPPLEMENTAL SERVICE	3	59	1,705.78	28.91	.001	568.59	.02
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	28	22,533	3,409.60	.15	.224	121.77	.03
@CALIF. CHILDREN SERVICES*	2,117	46,797	\$ 4,238,762.70	\$ 90.58	.466	\$ 2002.25	\$ 42.22
@XOVER EXCLUDING STATE HOSP**	18	52	\$ 13,194.55	\$ 253.74	.001	\$ 733.03	\$.13

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THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,017
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

00 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	158	591	\$	39,210.55	\$ 66.35	.000	\$ 248.17	\$.00
@PHYSICIANS SERVICES	0	0	\$	.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	51	87	\$ 14,290.93	\$ 164.26	.000	\$ 280.21	\$.00
PRESCRIPTION DRUGS	51	87	14,290.93	164.26	.000	280.21	.00
SNF/ICF	19	35	4,021.31	114.89	.000	211.65	.00
OUTPATIENTS	33	52	10,269.62	197.49	.000	311.20	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	81	320	\$ 11,837.25	\$ 36.99	.000	\$ 146.14	\$.00
VISITS - DIAGNOSTIC	43	137	1,160.75	8.47	.000	26.99	.00
ORAL SURGERY	16	54	1,348.00	24.96	.000	84.25	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	.00	.00	.000	.00	.00
PERIODONTICS	13	12	1,055.00	87.92	.000	81.15	.00
ENDODONTICS	4	5	760.00	152.00	.000	190.00	.00
RESTORATIVE DENTISTRY	21	51	3,089.00	60.57	.000	147.10	.00
PROSTHETICS	1	2	52.50	26.25	.000	52.50	.00
DENTURES, STAYPLATES	12	55	4,372.00	79.49	.000	364.33	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	3	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 29 MN - SOC - AGED						
				AID CODE			
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	13CR \$	194.28CR	\$ 14.94	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	13CR	194.28CR	14.94	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	13CR	194.28CR	14.94	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,019
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 MONTEREY COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	13CR	\$	194.28CR	\$ 14.94	.000	\$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00 .00
HSC HOSPITALS	0	0		.00	.00	.000	.00 .00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00 .00
ACCOMMODATIONS	0	0		.00	.00	.000	.00 .00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00 .00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 .00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00 .00
ANCILLARIES	0	0		.00	.00	.000	.00 .00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00 .00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00 .00
COMM HOSP OUTPATIENT TOTAL	0	13CR		194.28CR	14.94	.000	.00 .00
MEDICAL	0	0		.00	.00	.000	.00 .00
SURGERY	0	0		.00	.00	.000	.00 .00
PATHOLOGY	0	0		.00	.00	.000	.00 .00
RADIOLOGY	0	0		.00	.00	.000	.00 .00
ROOM USE	0	0		.00	.00	.000	.00 .00
CROSSOVERS/ALL OTH OUTPTNT	0	13CR		194.28CR	14.94	.000	.00 .00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00 \$.00
MENTALLY ILL	0	0		.00	.00	.000	.00 .00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00 .00
@NURSING FACILITY	1	31	\$	3,101.42	\$ 100.05	.000	\$ 3101.42 \$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00 .00
LEV B-REHAB MD	0	0		.00	.00	.000	.00 .00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00 .00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00 .00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00 .00
LEV B-REGULAR	1	31		3,101.42	100.05	.000	3101.42 .00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00 \$.00
ICF DDH	0	0		.00	.00	.000	.00 .00
ICF DD	0	0		.00	.00	.000	.00 .00
ICF DDN/DDCN	0	0		.00	.00	.000	.00 .00
@HEMODIALYSIS TOTAL	0	0	\$	472.27	\$.00	.000	\$.00 \$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00 .00
HEMODIALYSIS CENTER	0	0		472.27	.00	.000	.00 .00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00 \$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00 .00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00 .00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00 \$.00
PATHOLOGY	0	0		.00	.00	.000	.00 .00
XO AND OTHERS	0	0		.00	.00	.000	.00 .00
@ORGANIZED OUTPATIENT CLINIC	18	33	\$	2,483.26	\$ 75.25	.000	\$ 137.96 \$.00
CLINIC	0	0		.00	.00	.000	.00 .00
SURGICENTER	0	0		.00	.00	.000	.00 .00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00 .00
RURAL HEALTH CLINIC	18	33		2,483.26	75.25	.000	137.96 .00

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

PAGE 8,020
01/17/03

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	15		133	\$ 7,219.70	\$ 54.28	.000	\$ 481.31	\$.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	3	102	6,769.08	66.36	.000	2256.36	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	31	450.62	14.54	.000	37.55	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	13CR	\$ 277.99	\$ 21.38CR	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,021
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	3	\$ 355.00	\$ 118.33	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	3	\$ 355.00	\$ 118.33	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	1	200.00	200.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	2	155.00	77.50	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,022
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND						AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,023
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSTOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00
ICF DDH	0	0		.00		.00	.000	.00
ICF DD	0	0		.00		.00	.000	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00
CLINIC	0	0		.00		.00	.000	.00
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,024
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 MONTEREY COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,025
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	410	1,213	\$ 201,529.64	\$ 166.14	1213.000	\$ 491.54	\$201529.64
@PHYSICIANS SERVICES	3	9	\$ 649.55	\$ 72.17	9.000	\$ 216.52	\$ 649.55
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	2CR	34.44CR	17.22	2.000CR	.00	34.44CR
HOSPITAL VISITS	0	2CR	34.44CR	17.22	2.000CR	.00	34.44CR
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1		516.71	516.71	1.000	516.71	516.71
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	1	1		208.49	208.49	1.000	208.49	208.49
ANESTHESIOLOGIST	0	0		308.22	.00	.000	.00	308.22
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	3		5.31	1.77	3.000	5.31	5.31
RADIOLOGY	1	7		143.54	20.51	7.000	143.54	143.54
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	0		18.43	.00	.000	18.43	18.43
@PHARMACY	296	680	\$	170,035.61	\$ 250.05	680.000	\$ 574.44	\$170035.61
PRESCRIPTION DRUGS	296	679		170,148.82	250.59	679.000	574.83	170148.82
SNF/ICF	4	13		1,521.74	117.06	13.000	380.44	1521.74
OUTPATIENTS	292	666		168,627.08	253.19	666.000	577.49	168627.08
MEDICAL SUPPLIES	0	1		113.21CR	113.21CR	1.000	.00	113.21CR
@DENTIST	101	447	\$	20,037.74	\$ 44.83	447.000	\$ 198.39	\$ 20037.74
VISITS - DIAGNOSTIC	64	214		2,485.10	11.61	214.000	38.83	2485.10
ORAL SURGERY	22	76		3,778.00	49.71	76.000	171.73	3778.00
DRUGS	1	1		.00	.00	1.000	.00	.00
ANESTHESIA	3	3		300.00	100.00	3.000	100.00	300.00
PERIODONTICS	4	4		600.00	150.00	4.000	150.00	600.00
ENDODONTICS	6	6		1,010.64	168.44	6.000	168.44	1010.64
RESTORATIVE DENTISTRY	27	77		6,594.00	85.64	77.000	244.22	6594.00
PROSTHETICS	3	3		60.00	20.00	3.000	20.00	60.00
DENTURES, STAYPLATES	16	42		5,210.00	124.05	42.000	325.63	5210.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	8	21		.00	.00	21.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

PAGE 8,026
01/17/03

					----- MONTHLY AVERAGE -----			
01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$	.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.000	.00	.00	
EYE APPLIANCES	0	0		.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$	.00	.000	\$.00	\$.00
VISITS	0	0		.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.000	.00	.00	
@PODIATRIST	0	0	\$	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.000	.00	.00	
OTHER	0	0		.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	2	5CR	\$	1,082.57	\$	216.51CR	5.000CR	\$	541.29	\$	1082.57
HOSP INPATIENT TOTAL	2	9		1,082.05		120.23	9.000		541.03		1082.05
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		76.95CR		.00	.000		.00		76.95CR
ACCOMMODATIONS	0	0		76.95CR		.00	.000		.00		76.95CR
ADMINISTRATIVE DAYS	0	0		76.95CR		.00	.000		.00		76.95CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	9		1,159.00		128.78	9.000		579.50		1159.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	14CR		.52		.04CR	14.000CR		.00		.52
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	14CR		.52		.04CR	14.000CR		.00		.52
@COUNTY HOSPITAL TOTAL	1	6	\$	792.00	\$	132.00	6.000	\$	792.00	\$	792.00
CO HOSPITAL INPATIENT TOTAL	1	6		792.00		132.00	6.000		792.00		792.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1	6		792.00		132.00	6.000		792.00		792.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,027
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	11CR	\$ 290.57	\$ 26.42CR	11.000CR	\$ 290.57	\$ 290.57
COMM HOSP INPATIENT TOTAL	1	3	290.05	96.68	3.000	290.05	290.05
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	76.95CR	.00	.000	.00	76.95CR
ACCOMMODATIONS	0	0	76.95CR	.00	.000	.00	76.95CR
ADMINISTRATIVE DAYS	0	0	76.95CR	.00	.000	.00	76.95CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	3	367.00	122.33	3.000	367.00	367.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	14CR		.52		.04CR	14.000CR	.00	.52
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	14CR		.52		.04CR	14.000CR	.00	.52
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	1CR	\$	3,903.49	\$	3903.49CR	1.000CR\$	.00	\$ 3903.49
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	1CR		3,903.49		3903.49CR	1.000CR	.00	3903.49
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	27	36	\$	2,532.99	\$	70.36	36.000	\$ 93.81	\$ 2532.99
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	27	36		2,532.99		70.36	36.000	93.81	2532.99

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,028
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

01 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	19	47	\$ 3,287.69	\$ 69.95	47.000	\$ 173.04	\$ 3287.69
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	4	22	2,933.59	133.35	22.000	733.40	2933.59
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	14	31	339.28	10.94	31.000	24.23	339.28
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	19.66	9.83	2.000	19.66	19.66
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	8CR	4.84CR	.61	8.000CR	.00	4.84CR
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	24CR	\$ 5,027.35	\$ 209.47CR	24.000CR	\$ 2513.68	\$ 5027.35

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,029
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37		

49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	334	1,220	\$ 71,406.54	\$ 58.53	24.898	\$ 213.79	\$ 1457.28
@PHYSICIANS SERVICES	15	71	\$ 2,436.29	\$ 34.31	1.449	\$ 162.42	\$ 49.72
OUTPATIENT VISITS	3	3	200.40	66.80	.061	66.80	4.09
OFFICE VISITS	1	1	36.57	36.57	.020	36.57	.75
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	163.83	81.92	.041	81.92	3.34
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00		.00	.000	.00	.00
INPATIENT VISITS	4	9		589.95		65.55	.184	147.49	12.04
HOSPITAL VISITS	4	9		589.95		65.55	.184	147.49	12.04
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	45		1,120.52		24.90	.918	560.26	22.87
PRINCIPAL SURGEON	1	1		390.70		390.70	.020	390.70	7.97
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	2	44		729.82		16.59	.898	364.91	14.89
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	4	8		446.32		55.79	.163	111.58	9.11
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	4		21.80		5.45	.082	10.90	.44
OTHER SERVICES/ALL X-OVERS	2	2		57.30		28.65	.041	28.65	1.17
@PHARMACY	19	43	\$	4,557.58	\$	105.99	.878	239.87	\$ 93.01
PRESCRIPTION DRUGS	19	40		4,369.53		109.24	.816	229.98	89.17
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	19	40		4,369.53		109.24	.816	229.98	89.17
MEDICAL SUPPLIES	1	3		188.05		62.68	.061	188.05	3.84
@DENTIST	161	818	\$	28,136.95	\$	34.40	16.694	174.76	\$ 574.22
VISITS - DIAGNOSTIC	103	360		2,684.50		7.46	7.347	26.06	54.79
ORAL SURGERY	33	65		4,277.20		65.80	1.327	129.61	87.29
DRUGS	8	9		117.50		13.06	.184	14.69	2.40
ANESTHESIA	5	5		500.00		100.00	.102	100.00	10.20
PERIODONTICS	8	8		811.00		101.38	.163	101.38	16.55
ENDODONTICS	13	26		1,899.00		73.04	.531	146.08	38.76
RESTORATIVE DENTISTRY	82	302		14,030.75		46.46	6.163	171.11	286.34
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	5	14		697.00		49.79	.286	139.40	14.22
SPACE MAINTAINERS	0	0		120.00		.00	.000	.00	2.45
MAXILLOFACIAL SERVICES	1	3		.00		.00	.061	.00	.00
FRACTURES, DISLOCATIONS	1	3		3,000.00		1000.00	.061	3000.00	61.22
ORTHODONTIC SERVICES	2	5		.00		.00	.102	.00	.00
ALL OTHER SERVICES	11	18		.00		.00	.367	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

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49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	3	\$	177.11	\$ 59.04	.061	\$ 88.56	\$ 3.61
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	12	38	\$	23,090.49	\$ 607.64	.776	\$ 1924.21	\$ 471.23
HOSP INPATIENT TOTAL	5	18		22,336.61	1240.92	.367	4467.32	455.85
HSC HOSPITALS	5	18		22,352.00	1241.78	.367	4470.40	456.16
NON-HSC HOSPITAL TOTAL	0	0		15.39CR	.00	.000	.00	.31CR
ACCOMMODATIONS	0	0		15.39CR	.00	.000	.00	.31CR
ADMINISTRATIVE DAYS	0	0		15.39CR	.00	.000	.00	.31CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	8	20		753.88	37.69	.408	94.24	15.39
MEDICAL	0	0		20.55	.00	.000	.00	.42
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	5	7		148.93	21.28	.143	29.79	3.04
RADIOLOGY	1	2		171.01	85.51	.041	171.01	3.49
ROOM USE	2	2		81.67	40.84	.041	40.84	1.67
CROSSOVERS/ALL OTH OUTPTNT	2	9		331.72	36.86	.184	165.86	6.77
@COUNTY HOSPITAL TOTAL	9	18	\$	11,474.42	\$ 637.47	.367	\$ 1274.94	\$ 234.17
CO HOSPITAL INPATIENT TOTAL	3	10		11,240.00	1124.00	.204	3746.67	229.39
HSC HOSPITALS	3	10		11,240.00	1124.00	.204	3746.67	229.39
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	8		234.42	29.30	.163	39.07	4.78
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	4	5		128.39	25.68	.102	32.10	2.62
RADIOLOGY	1	2		56.46	28.23	.041	56.46	1.15
ROOM USE	1	1		47.09	47.09	.020	47.09	.96
CROSSOVERS/ALL OTH OUTPTNT	0	0		2.48	.00	.000	.00	.05

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

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49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	20	\$ 11,616.07	\$ 580.80	.408	\$ 3872.02	\$ 237.06
COMM HOSP INPATIENT TOTAL	2	8	11,096.61	1387.08	.163	5548.31	226.46
HSC HOSPITALS	2	8	11,112.00	1389.00	.163	5556.00	226.78
NON-HSC HOSPITALS TOTAL	0	0	15.39CR	.00	.000	.00	.31CR
ACCOMMODATIONS	0	0	15.39CR	.00	.000	.00	.31CR

ADMINISTRATIVE DAYS	0	0	15.39CR	.00	.000	.00	.31CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	12	519.46	43.29	.245	259.73	10.60
MEDICAL	0	0	20.55	.00	.000	.00	.42
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	20.54	10.27	.041	20.54	.42
RADIOLOGY	0	0	114.55	.00	.000	.00	2.34
ROOM USE	1	1	34.58	34.58	.020	34.58	.71
CROSSOVERS/ALL OTH OUTPTNT	2	9	329.24	36.58	.184	164.62	6.72
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	4	92.72	23.18	.082	23.18	1.89
PATHOLOGY	4	4	92.72	23.18	.082	23.18	1.89
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	111	171	12,129.93	70.94	3.490	109.28	247.55
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	111	171	12,129.93	70.94	3.490	109.28	247.55

#CALIF DEPT OF HEALTH SERV MOP024
 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

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49 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	26	72	\$ 785.47	\$ 10.91	1.469	\$ 30.21	\$ 16.03
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	17	181.33	10.67	.347	181.33	3.70
AMBULANCES/AIR TRANS	1	17	181.33	10.67	.347	181.33	3.70
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	55.00	55.00	.020	55.00	1.12
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	40	398.18	9.95	.816	20.96	8.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	14	150.96	10.78	.286	30.19	3.08
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	19	78	\$ 25,517.60	\$ 327.15	1.592	\$ 1343.03	\$ 520.77
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,033
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC	

50 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	902	3,027	\$ 312,501.73	\$ 103.24	60.540	\$ 346.45	\$ 6250.03
@PHYSICIANS SERVICES	18	80	\$ 3,085.84	\$ 38.57	1.600	\$ 171.44	\$ 61.72
OUTPATIENT VISITS	3	3	200.40	66.80	.060	66.80	4.01
OFFICE VISITS	1	1	36.57	36.57	.020	36.57	.73
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	163.83	81.92	.040	81.92	3.28
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	7	555.51	79.36	.140	138.88	11.11
HOSPITAL VISITS	4	7	555.51	79.36	.140	138.88	11.11
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	46	1,637.23	35.59	.920	545.74	32.74
PRINCIPAL SURGEON	1	1	390.70	390.70	.020	390.70	7.81
ASSISTANT SURGEON	1	1	208.49	208.49	.020	208.49	4.17
ANESTHESIOLOGIST	2	44	1,038.04	23.59	.880	519.02	20.76
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	5.31	1.77	.060	5.31	.11

RADIOLOGY	5	15		589.86	39.32	.300	117.97	11.80	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	2	4		21.80	5.45	.080	10.90	.44	
OTHER SERVICES/ALL X-OVERS	3	2		75.73	37.87	.040	25.24	1.51	
@PHARMACY	366	810	\$	188,884.12	\$ 233.19	16.200	\$ 516.08	\$ 3777.68	
PRESCRIPTION DRUGS	366	806		188,809.28	234.25	16.120	515.87	3776.19	
SNF/ICF	23	48		5,543.05	115.48	.960	241.00	110.86	
OUTPATIENTS	344	758		183,266.23	241.78	15.160	532.75	3665.32	
MEDICAL SUPPLIES	1	4		74.84	18.71	.080	74.84	1.50	
@DENTIST	343	1,588	\$	60,366.94	\$ 38.01	31.760	\$ 176.00	\$ 1207.34	
VISITS - DIAGNOSTIC	210	711		6,330.35	8.90	14.220	30.14	126.61	
ORAL SURGERY	71	195		9,403.20	48.22	3.900	132.44	188.06	
DRUGS	9	10		117.50	11.75	.200	13.06	2.35	
ANESTHESIA	9	9		800.00	88.89	.180	88.89	16.00	
PERIODONTICS	25	25		2,666.00	106.64	.500	106.64	53.32	
ENDODONTICS	23	37		3,669.64	99.18	.740	159.55	73.39	
RESTORATIVE DENTISTRY	130	432		23,868.75	55.25	8.640	183.61	477.38	
PROSTHETICS	4	5		112.50	22.50	.100	28.13	2.25	
DENTURES, STAYPLATES	33	111		10,279.00	92.60	2.220	311.48	205.58	
SPACE MAINTAINERS	0	0		120.00	.00	.000	.00	2.40	
MAXILLOFACIAL SERVICES	1	3		.00	.00	.060	.00	.00	
FRACTURES, DISLOCATIONS	1	3		3,000.00	1000.00	.060	3000.00	60.00	
ORTHODONTIC SERVICES	2	5		.00	.00	.100	.00	.00	
ALL OTHER SERVICES	22	42		.00	.00	.840	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 8,034
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC								

	50 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00

EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.000	\$	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	3	\$	177.11	\$	59.04	.060	\$ 88.56 \$ 3.54
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
@TOTAL HOSPITAL	14	20	\$	23,978.78	\$	1198.94	.400	\$ 1712.77 \$ 479.58
HOSP INPATIENT TOTAL	7	27		23,418.66		867.36	.540	3345.52 468.37
HSC HOSPITALS	5	18		22,352.00		1241.78	.360	4470.40 447.04
NON-HSC HOSPITAL TOTAL	0	0		92.34CR		.00	.000	.00 1.85CR
ACCOMMODATIONS	0	0		92.34CR		.00	.000	.00 1.85CR
ADMINISTRATIVE DAYS	0	0		92.34CR		.00	.000	.00 1.85CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00 .00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00 .00
ANCILLARIES	0	0		.00		.00	.000	.00 .00
INPATIENT CROSSOVERS	2	9		1,159.00		128.78	.180	579.50 23.18
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00 .00
HOSP OUTPATIENT TOTAL	8	7CR		560.12		80.02CR	.140CR	70.02 11.20
MEDICAL	0	0		20.55		.00	.000	.00 .41
SURGERY	0	0		.00		.00	.000	.00 .00
PATHOLOGY	5	7		148.93		21.28	.140	29.79 2.98
RADIOLOGY	1	2		171.01		85.51	.040	171.01 3.42
ROOM USE	2	2		81.67		40.84	.040	40.84 1.63
CROSSOVERS/ALL OTH OUTPTNT	2	18CR		137.96		7.66CR	.360CR	68.98 2.76
@COUNTY HOSPITAL TOTAL	10	24	\$	12,266.42	\$	511.10	.480	\$ 1226.64 \$ 245.33
CO HOSPITAL INPATIENT TOTAL	4	16		12,032.00		752.00	.320	3008.00 240.64
HSC HOSPITALS	3	10		11,240.00		1124.00	.200	3746.67 224.80
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00 .00
ACCOMMODATIONS	0	0		.00		.00	.000	.00 .00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00 .00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00 .00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00 .00
ANCILLARIES	0	0		.00		.00	.000	.00 .00
INPATIENT CROSSOVERS	1	6		792.00		132.00	.120	792.00 15.84
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00 .00
CO HOSP OUTPATIENT TOTAL	6	8		234.42		29.30	.160	39.07 4.69
MEDICAL	0	0		.00		.00	.000	.00 .00
SURGERY	0	0		.00		.00	.000	.00 .00
PATHOLOGY	4	5		128.39		25.68	.100	32.10 2.57
RADIOLOGY	1	2		56.46		28.23	.040	56.46 1.13
ROOM USE	1	1		47.09		47.09	.020	47.09 .94
CROSSOVERS/ALL OTH OUTPTNT	0	0		2.48		.00	.000	.00 .05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,035
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

----- MONTHLY AVERAGE -----
50 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	4CR	\$	11,712.36	\$ 2928.09CR	.080CR\$	2928.09	\$ 234.25
COMM HOSP INPATIENT TOTAL	3	11		11,386.66	1035.15	.220	3795.55	227.73
HSC HOSPITALS	2	8		11,112.00	1389.00	.160	5556.00	222.24
NON-HSC HOSPITALS TOTAL	0	0		92.34CR	.00	.000	.00	1.85CR
ACCOMMODATIONS	0	0		92.34CR	.00	.000	.00	1.85CR
ADMINISTRATIVE DAYS	0	0		92.34CR	.00	.000	.00	1.85CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	3		367.00	122.33	.060	367.00	7.34
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	15CR		325.70	21.71CR	.300CR	162.85	6.51
MEDICAL	0	0		20.55	.00	.000	.00	.41
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	2		20.54	10.27	.040	20.54	.41
RADIOLOGY	0	0		114.55	.00	.000	.00	2.29
ROOM USE	1	1		34.58	34.58	.020	34.58	.69
CROSSOVERS/ALL OTH OUTPTNT	2	18CR		135.48	7.53CR	.360CR	67.74	2.71
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	31	\$	3,101.42	\$ 100.05	.620	\$ 3101.42	\$ 62.03
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	31		3,101.42	100.05	.620	3101.42	62.03
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	1CR	\$	4,375.76	\$ 4375.76CR	.020CR\$	.00	\$ 87.52
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	1CR		4,375.76	4375.76CR	.020CR	.00	87.52
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	4	\$	92.72	\$ 23.18	.080	\$ 23.18	\$ 1.85
PATHOLOGY	4	4		92.72	23.18	.080	23.18	1.85
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	156	240	\$	17,146.18	\$ 71.44	4.800	\$ 109.91	\$ 342.92
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	156	240		17,146.18	71.44	4.800	109.91	342.92

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

PAGE 8,036 01/17/03

	50 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	60		252	\$ 11,292.86	\$ 44.81	5.040	\$ 188.21	\$ 225.86
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	17	181.33	10.67	.340	181.33	3.63
AMBULANCES/AIR TRANS	1	17	181.33	10.67	.340	181.33	3.63
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	3	102	6,769.08	66.36	2.040	2256.36	135.38
GENETIC DISEASE TESTING	1	1	55.00	55.00	.020	55.00	1.10
IHMC,MODEL-NF,NF,AIDS,MSSP	4	22	2,933.59	133.35	.440	733.40	58.67
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	45	102	1,188.08	11.65	2.040	26.40	23.76
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	16	170.62	10.66	.320	28.44	3.41
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	8CR	4.84CR	.61	.160CR	.00	.10CR
@CALIF. CHILDREN SERVICES*	19	78	\$ 25,517.60	\$ 327.15	1.560	\$ 1343.03	\$ 510.35
@XOVER EXCLUDING STATE HOSP**	2	37CR	\$ 5,305.34	\$ 143.39CR	.740CR	\$ 2652.67	\$ 106.11

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,037
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED	

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,536	3,280	\$ 348,250.80	\$ 106.17	328.000	\$ 226.73	\$ 34825.08
@PHYSICIANS SERVICES	8	29	\$ 1,434.00	\$ 49.45	2.900	\$ 179.25	\$ 143.40
OUTPATIENT VISITS	1	1	57.20	57.20	.100	57.20	5.72
OFFICE VISITS	1	1	57.20	57.20	.100	57.20	5.72
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	24	1,254.40	52.27	2.400	179.20	125.44
HOSPITAL VISITS	1	13	606.80	46.68	1.300	606.80	60.68
CRITICAL CARE	1	5	482.60	96.52	.500	482.60	48.26
SNF/ICF/TRANS IP CARE	6	6	165.00	27.50	.600	27.50	16.50
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	2	101.46	50.73	.200	101.46	10.15
PRINCIPAL SURGEON	1	2	101.46	50.73	.200	101.46	10.15
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2		20.94	10.47	.200	10.47	2.09
@PHARMACY	1,162	1,898	\$	237,858.18	\$ 125.32	189.800	\$ 204.70	\$ 23785.82
PRESCRIPTION DRUGS	1,162	1,898		237,858.18	125.32	189.800	204.70	23785.82
SNF/ICF	1,017	1,710		205,248.25	120.03	171.000	201.82	20524.83
OUTPATIENTS	149	188		32,609.93	173.46	18.800	218.86	3260.99
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	390	841	\$	39,139.00	\$ 46.54	84.100	\$ 100.36	\$ 3913.90
VISITS - DIAGNOSTIC	369	649		13,883.00	21.39	64.900	37.62	1388.30
ORAL SURGERY	20	55		2,533.00	46.05	5.500	126.65	253.30
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.100	100.00	10.00
PERIODONTICS	2	2		200.00	100.00	.200	100.00	20.00
ENDODONTICS	1	3		195.00	65.00	.300	195.00	19.50
RESTORATIVE DENTISTRY	8	35		1,163.00	33.23	3.500	145.38	116.30
PROSTHETICS	2	2		80.00	40.00	.200	40.00	8.00
DENTURES, STAYPLATES	50	93		20,985.00	225.65	9.300	419.70	2098.50
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00	.00	.100	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,038
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	28	\$ 33,110.11	\$ 1182.50	2.800	\$ 11036.70	\$ 3311.01
HOSP INPATIENT TOTAL	3	28	33,006.16	1178.79	2.800	11002.05	3300.62
HSC HOSPITALS	2	27	32,400.00	1200.00	2.700	16200.00	3240.00

NON-HSC HOSPITAL TOTAL	1	1	606.16	606.16	.100	606.16	60.62
ACCOMMODATIONS	1	1	230.29	230.29	.100	230.29	23.03
ADMINISTRATIVE DAYS	1	1	230.29	230.29	.100	230.29	23.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	375.87	.00	.000	375.87	37.59
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	103.95	.00	.000	.00	10.40
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	103.95	.00	.000	.00	10.40
@COUNTY HOSPITAL TOTAL	3	28	\$ 33,110.11	\$ 1182.50	2.800	\$ 11036.70	\$ 3311.01
CO HOSPITAL INPATIENT TOTAL	3	28	33,006.16	1178.79	2.800	11002.05	3300.62
HSC HOSPITALS	2	27	32,400.00	1200.00	2.700	16200.00	3240.00
NON-HSC HOSPITALS TOTAL	1	1	606.16	606.16	.100	606.16	60.62
ACCOMMODATIONS	1	1	230.29	230.29	.100	230.29	23.03
ADMINISTRATIVE DAYS	1	1	230.29	230.29	.100	230.29	23.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	375.87	.00	.000	375.87	37.59
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	103.95	.00	.000	.00	10.40
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	103.95	.00	.000	.00	10.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,039
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED						AID CODE

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	10	272	\$ 30,676.50	\$ 112.78	27.200	\$ 3067.65	\$ 3067.65
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	10	272	30,676.50	112.78	27.200	3067.65	3067.65
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7	8	\$ 528.15	\$ 66.02	.800	\$ 75.45	\$ 52.82
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7	8	528.15	66.02	.800	75.45	52.82

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,040
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED						AID CODE

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	79	204	\$ 5,504.86	\$ 26.98	20.400	\$ 69.68	\$ 550.49
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	2	12	205.45	17.12	1.200	102.73	20.55
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	71	153	1,981.40	12.95	15.300	27.91	198.14
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	30	3,142.80	104.76	3.000	3142.80	314.28
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	9	175.21	19.47	.900	35.04	17.52
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	7	10	\$ 409.68	\$ 40.97	1.000	\$ 58.53	\$ 40.97

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND

PAGE 8,041
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5	6	\$ 1,007.65	\$ 167.94	.000	\$ 201.53	\$.00
@PHYSICIANS SERVICES	0	0	.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	5	6	\$	1,007.65	\$	167.94	.000	\$ 201.53	\$.00
PRESCRIPTION DRUGS	5	6		1,007.65		167.94	.000	201.53	.00
SNF/ICF	5	6		1,007.65		167.94	.000	201.53	.00
OUTPATIENTS	0	0		.00		.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,042
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,043
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,044
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,045
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED	AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	118	625	\$ 242,711.06	\$ 388.34	.000	\$ 2056.87	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	81	204	\$	40,464.55	\$ 198.36	.000	\$ 499.56	\$.00
PRESCRIPTION DRUGS	81	204		40,464.55	198.36	.000	499.56	.00
SNF/ICF	71	188		37,421.48	199.05	.000	527.06	.00
OUTPATIENTS	10	16		3,043.07	190.19	.000	304.31	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	28	49	\$	1,245.00	\$ 25.41	.000	\$ 44.46	\$.00
VISITS - DIAGNOSTIC	27	44		872.00	19.82	.000	32.30	.00
ORAL SURGERY	3	4		173.00	43.25	.000	57.67	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		200.00	200.00	.000	200.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	32.43	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		32.43		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		32.43		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	3.94	\$	.00	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		3.94		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		3.94		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED

AID CODE

PAGE 8,047 01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ 28.49	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		28.49	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		28.49	.00	.000	.00	.00
@STATE HOSPITAL	11	354	\$	200,755.68	\$ 567.11	.000	\$ 18250.52	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	11	354		200,755.68	567.11	.000	18250.52	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED

AID CODE

PAGE 8,048

01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	9	18	\$ 213.40	\$ 11.86	.000	\$ 23.71	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	18	213.40	11.86	.000	23.71	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ 32.43	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,049
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

DISCONTIN

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,050
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,051
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN

----- MONTHLY AVERAGE -----
00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
MONTEREY COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

PAGE 8,052
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	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,053
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG	

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,659	3,911	\$ 591,969.51	\$ 151.36	391.100	\$ 356.82	\$ 59196.95
@PHYSICIANS SERVICES	8	29	\$ 1,434.00	\$ 49.45	2.900	\$ 179.25	\$ 143.40
OUTPATIENT VISITS	1	1	57.20	57.20	.100	57.20	5.72
OFFICE VISITS	1	1	57.20	57.20	.100	57.20	5.72
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	7	24	1,254.40	52.27	2.400	179.20	125.44
HOSPITAL VISITS	1	13	606.80	46.68	1.300	606.80	60.68
CRITICAL CARE	1	5	482.60	96.52	.500	482.60	48.26
SNF/ICF/TRANS IP CARE	6	6	165.00	27.50	.600	27.50	16.50
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	2	101.46	50.73	.200	101.46	10.15
PRINCIPAL SURGEON	1	2	101.46	50.73	.200	101.46	10.15
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	2	2		20.94	10.47	.200	10.47	2.09	
@PHARMACY	1,248	2,108	\$	279,330.38	\$ 132.51	210.800	\$ 223.82	\$ 27933.04	
PRESCRIPTION DRUGS	1,248	2,108		279,330.38	132.51	210.800	223.82	27933.04	
SNF/ICF	1,093	1,904		243,677.38	127.98	190.400	222.94	24367.74	
OUTPATIENTS	159	204		35,653.00	174.77	20.400	224.23	3565.30	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00	
@DENTIST	418	890	\$	40,384.00	\$ 45.38	89.000	\$ 96.61	\$ 4038.40	
VISITS - DIAGNOSTIC	396	693		14,755.00	21.29	69.300	37.26	1475.50	
ORAL SURGERY	23	59		2,706.00	45.86	5.900	117.65	270.60	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	1	1		100.00	100.00	.100	100.00	10.00	
PERIODONTICS	3	3		400.00	133.33	.300	133.33	40.00	
ENDODONTICS	1	3		195.00	65.00	.300	195.00	19.50	
RESTORATIVE DENTISTRY	8	35		1,163.00	33.23	3.500	145.38	116.30	
PROSTHETICS	2	2		80.00	40.00	.200	40.00	8.00	
DENTURES, STAYPLATES	50	93		20,985.00	225.65	9.300	419.70	2098.50	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	1	1		.00	.00	.100	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 8,054
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03

MONTEREY COUNTY

SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	28	\$ 33,142.54	\$ 1183.66	2.800	\$ 11047.51	\$ 3314.25
HOSP INPATIENT TOTAL	3	28	33,006.16	1178.79	2.800	11002.05	3300.62
HSC HOSPITALS	2	27	32,400.00	1200.00	2.700	16200.00	3240.00
NON-HSC HOSPITAL TOTAL	1	1	606.16	606.16	.100	606.16	60.62
ACCOMMODATIONS	1	1	230.29	230.29	.100	230.29	23.03
ADMINISTRATIVE DAYS	1	1	230.29	230.29	.100	230.29	23.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	375.87	.00	.000	375.87	37.59
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	136.38	.00	.000	.00	13.64
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	136.38	.00	.000	.00	13.64
@COUNTY HOSPITAL TOTAL	3	28	\$ 33,114.05	\$ 1182.64	2.800	\$ 11038.02	\$ 3311.41
CO HOSPITAL INPATIENT TOTAL	3	28	33,006.16	1178.79	2.800	11002.05	3300.62
HSC HOSPITALS	2	27	32,400.00	1200.00	2.700	16200.00	3240.00
NON-HSC HOSPITALS TOTAL	1	1	606.16	606.16	.100	606.16	60.62
ACCOMMODATIONS	1	1	230.29	230.29	.100	230.29	23.03
ADMINISTRATIVE DAYS	1	1	230.29	230.29	.100	230.29	23.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	375.87	.00	.000	375.87	37.59
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	107.89	.00	.000	.00	10.79
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$ 28.49	\$.00	.000	\$.00	\$ 2.85
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSTOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	28.49	.00	.000	.00	2.85
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	28.49	.00	.000	.00	2.85
@STATE HOSPITAL	11	354	\$ 200,755.68	\$ 567.11	35.400	\$ 18250.52	\$ 20075.57
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	11	354	200,755.68	567.11	35.400	18250.52	20075.57
@NURSING FACILITY	10	272	\$ 30,676.50	\$ 112.78	27.200	\$ 3067.65	\$ 3067.65
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	10	272	30,676.50	112.78	27.200	3067.65	3067.65
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	7	8	\$ 528.15	\$ 66.02	.800	\$ 75.45	\$ 52.82
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7	8	528.15	66.02	.800	75.45	52.82

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	88	222	\$ 5,718.26	\$ 25.76	22.200	\$ 64.98	\$ 571.83
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	2	12	205.45	17.12	1.200	102.73	20.55
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	80	171	2,194.80	12.84	17.100	27.44	219.48
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	30	3,142.80	104.76	3.000	3142.80	314.28
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	9	175.21	19.47	.900	35.04	17.52
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	7	10	\$ 442.11	\$ 44.21	1.000	\$ 63.16	\$ 44.21

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

PAGE 8,057
01/17/03

91 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,331	8,965	\$ 678,615.19	\$ 75.70	98.516	\$ 203.73	\$ 7457.31
@PHYSICIANS SERVICES	17	100	\$ 3,716.59	\$ 37.17	1.099	\$ 218.62	\$ 40.84
OUTPATIENT VISITS	7	12	656.19	54.68	.132	93.74	7.21
OFFICE VISITS	3	5	238.90	47.78	.055	79.63	2.63
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	6	398.09	66.35	.066	99.52	4.37
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	19.20	19.20	.011	19.20	.21
INPATIENT VISITS	10	62	2,629.15	42.41	.681	262.92	28.89
HOSPITAL VISITS	4	51	1,981.55	38.85	.560	495.39	21.78
CRITICAL CARE	1	5	482.60	96.52	.055	482.60	5.30
SNF/ICF/TRANS IP CARE	6	6	165.00	27.50	.066	27.50	1.81
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	2		101.46	50.73	.022	101.46	1.11
PRINCIPAL SURGEON	1	2		101.46	50.73	.022	101.46	1.11
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	10		70.56	7.06	.110	23.52	.78
RADIOLOGY	2	10		181.56	18.16	.110	90.78	2.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	4		77.67	19.42	.044	19.42	.85
@PHARMACY	1,440	2,451	\$	285,732.05	\$ 116.58	26.934	\$ 198.43	\$ 3139.91
PRESCRIPTION DRUGS	1,439	2,350		285,591.44	121.53	25.824	198.47	3138.37
SNF/ICF	1,060	1,785		213,300.22	119.50	19.615	201.23	2343.96
OUTPATIENTS	385	565		72,291.22	127.95	6.209	187.77	794.41
MEDICAL SUPPLIES	2	101		140.61	1.39	1.110	70.31	1.55
@DENTIST	1,022	3,641	\$	180,525.36	\$ 49.58	40.011	\$ 176.64	\$ 1983.80
VISITS - DIAGNOSTIC	766	2,232		34,307.50	15.37	24.527	44.79	377.01
ORAL SURGERY	128	384		16,383.66	42.67	4.220	128.00	180.04
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	7	7		400.00	57.14	.077	57.14	4.40
PERIODONTICS	47	47		6,680.00	142.13	.516	142.13	73.41
ENDODONTICS	37	69		14,687.00	212.86	.758	396.95	161.40
RESTORATIVE DENTISTRY	164	487		45,854.50	94.16	5.352	279.60	503.90
PROSTHETICS	9	11		292.50	26.59	.121	32.50	3.21
DENTURES, STAYPLATES	149	392		61,920.20	157.96	4.308	415.57	680.44
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	12	12		.00	.00	.132	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

PAGE 8,058
01/17/03

91 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	1	\$ 22.59	\$ 22.59	.011	\$ 22.59	\$.25
DIAGNOSTIC AND ANC. PROCED	1	1	22.59	22.59	.011	22.59	.25
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	11	59	\$	45,478.14	\$	770.82	.648	\$	4134.38	\$	499.76
HOSP INPATIENT TOTAL	5	52		45,151.99		868.31	.571		9030.40		496.18
HSC HOSPITALS	3	39		43,800.00		1123.08	.429		14600.00		481.32
NON-HSC HOSPITAL TOTAL	1	1		559.99		559.99	.011		559.99		6.15
ACCOMMODATIONS	1	1		184.12		184.12	.011		184.12		2.02
ADMINISTRATIVE DAYS	1	1		184.12		184.12	.011		184.12		2.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		375.87		.00	.000		375.87		4.13
INPATIENT CROSSOVERS	1	12		792.00		66.00	.132		792.00		8.70
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6	7		326.15		46.59	.077		54.36		3.58
MEDICAL	1	1		44.66		44.66	.011		44.66		.49
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	13		166.34		12.80	.143		55.45		1.83
RADIOLOGY	2	3		83.15		27.72	.033		41.58		.91
ROOM USE	3	3		119.33		39.78	.033		39.78		1.31
CROSSOVERS/ALL OTH OUTPTNT	0	13CR		87.33CR		6.72	.143CR		.00		.96CR
@COUNTY HOSPITAL TOTAL	8	42	\$	34,096.23	\$	811.82	.462	\$	4262.03	\$	374.68
CO HOSPITAL INPATIENT TOTAL	4	34		33,798.16		994.06	.374		8449.54		371.41
HSC HOSPITALS	2	27		32,400.00		1200.00	.297		16200.00		356.04
NON-HSC HOSPITALS TOTAL	1	1		606.16		606.16	.011		606.16		6.66
ACCOMMODATIONS	1	1		230.29		230.29	.011		230.29		2.53
ADMINISTRATIVE DAYS	1	1		230.29		230.29	.011		230.29		2.53
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		375.87		.00	.000		375.87		4.13
INPATIENT CROSSOVERS	1	6		792.00		132.00	.066		792.00		8.70
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	4	8	298.07	37.26	.088	74.52	3.28
MEDICAL	1	1	31.28	31.28	.011	31.28	.34
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	42.05	14.02	.033	42.05	.46
RADIOLOGY	1	2	54.57	27.29	.022	54.57	.60
ROOM USE	2	2	66.22	33.11	.022	33.11	.73
CROSSEOVERS/ALL OTH OUTPTNT	0	0	103.95	.00	.000	.00	1.14

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,059

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

91 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	17	\$ 11,381.91	\$ 669.52	.187	\$ 3793.97	\$ 125.08
COMM HOSP INPATIENT TOTAL	1	18	11,353.83	630.77	.198	11353.83	124.77
HSC HOSPITALS	1	12	11,400.00	950.00	.132	11400.00	125.27
NON-HSC HOSPITALS TOTAL	0	0	46.17CR	.00	.000	.00	.51CR
ACCOMMODATIONS	0	0	46.17CR	.00	.000	.00	.51CR
ADMINISTRATIVE DAYS	0	0	46.17CR	.00	.000	.00	.51CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	6	.00	.00	.066	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	1CR	28.08	28.08CR	.011CR	14.04	.31
MEDICAL	0	0	13.38	.00	.000	.00	.15
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	10	124.29	12.43	.110	62.15	1.37
RADIOLOGY	1	1	28.58	28.58	.011	28.58	.31
ROOM USE	1	1	53.11	53.11	.011	53.11	.58
CROSSEOVERS/ALL OTH OUTPTNT	0	13CR	191.28CR	14.71	.143CR	.00	2.10CR
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	12	334	\$ 37,311.30	\$ 111.71	3.670	\$ 3109.28	\$ 410.01
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	12	334	37,311.30	111.71	3.670	3109.28	410.01
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	1CR	\$ 814.35	\$ 814.35CR	.011CR	\$.00	\$ 8.95
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	1CR	814.35	814.35CR	.011CR	.00	8.95
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	9	\$ 98.05	\$ 10.89	.099	\$ 49.03	\$ 1.08
PATHOLOGY	2	9	98.05	10.89	.099	49.03	1.08
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	704	1,228	\$ 84,292.13	\$ 68.64	13.495	\$ 119.73	\$ 926.29
CLINIC	7	179	3,429.31	19.16	1.967	489.90	37.68

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	701	1,049	80,862.82	77.09	11.527	115.35	888.60

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

91 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	355	1,143	\$ 40,624.63	\$ 35.54	12.560	\$ 114.44	\$ 446.42
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	5	157.58	31.52	.055	157.58	1.73
AMBULANCES/AIR TRANS	1	5	157.58	31.52	.055	157.58	1.73
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	2	12	205.45	17.12	.132	102.73	2.26
ADULT DAY HEALTH CARE CTR	20	362	24,069.48	66.49	3.978	1203.47	264.50
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	11	52	4,150.37	79.81	.571	377.31	45.61
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	310	659	8,448.44	12.82	7.242	27.25	92.84
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	30	3,142.80	104.76	.330	3142.80	34.54
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	23	450.51	19.59	.253	45.05	4.95
@CALIF. CHILDREN SERVICES*	0	5CR	\$ 275.27CR	\$ 55.05	.055CR\$	.00	\$ 3.02CR
@XOVER EXCLUDING STATE HOSP**	13	10	\$ 2,097.05	\$ 209.71	.110	\$ 161.31	\$ 23.04

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,061
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	10	21	\$ 1,675.60	\$ 79.79	10.500	\$ 167.56	\$ 837.80
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	5	6	\$ 1,007.65	\$ 167.94	3.000	\$ 201.53	\$ 503.83
PRESCRIPTION DRUGS	5	6	1,007.65	167.94	3.000	201.53	503.83
SNF/ICF	5	6	1,007.65	167.94	3.000	201.53	503.83
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	1	7	\$ 404.00	\$ 57.71	3.500	\$ 404.00	\$ 202.00
VISITS - DIAGNOSTIC	1	4	49.00	12.25	2.000	49.00	24.50
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	1	200.00	200.00	.500	.00	100.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	2	155.00	77.50	1.000	.00	77.50
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,062
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND						

					----- MONTHLY AVERAGE -----			
02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,063
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

	02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	3	3	\$	223.97	\$	74.66	1.500	\$ 74.66	\$ 111.99
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	3	3		223.97		74.66	1.500	74.66	111.99

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

PAGE 8,064 01/17/03

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	5	\$ 39.98	\$ 8.00	2.500	\$ 39.98	\$ 19.99
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	5	39.98	8.00	2.500	39.98	19.99
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,065 01/17/03
	FEE-FOR-SERVICE/DENTAL	
	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED	

54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,461	34,785	\$ 1,347,084.43	\$ 38.73	644.167	\$ 547.37	\$ 24946.01
@PHYSICIANS SERVICES	58	402	\$ 17,439.00	\$ 43.38	7.444	\$ 300.67	\$ 322.94

OUTPATIENT VISITS	21	27	1,347.09	49.89	.500	64.15	24.95
OFFICE VISITS	8	11	527.76	47.98	.204	65.97	9.77
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	10	546.83	54.68	.185	60.76	10.13
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	6	272.50	45.42	.111	54.50	5.05
INPATIENT VISITS	12	42	2,118.08	50.43	.778	176.51	39.22
HOSPITAL VISITS	10	39	1,625.80	41.69	.722	162.58	30.11
CRITICAL CARE	3	3	492.28	164.09	.056	164.09	9.12
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	51.90	51.90	.019	51.90	.96
EXAMINATIONS	1	1	51.90	51.90	.019	51.90	.96
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	12	84	8,392.62	99.91	1.556	699.39	155.42
PRINCIPAL SURGEON	7	12	5,815.76	484.65	.222	830.82	107.70
ASSISTANT SURGEON	1	1	208.49	208.49	.019	208.49	3.86
ANESTHESIOLOGIST	7	71	2,368.37	33.36	1.315	338.34	43.86
OUTPATIENT SURGERY	4	8	993.69	124.21	.148	248.42	18.40
PRINCIPAL SURGEON	3	4	791.71	197.93	.074	263.90	14.66
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4	201.98	50.50	.074	201.98	3.74
DIALYSIS	5	40	1,898.10	47.45	.741	379.62	35.15
PATHOLOGY	5	34	66.10	1.94	.630	13.22	1.22
RADIOLOGY	14	29	697.68	24.06	.537	49.83	12.92
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	105	.00	.00	1.944	.00	.00
OTHER SERVICES/ALL X-OVERS	16	32	1,873.74	58.55	.593	117.11	34.70
@PHARMACY	1,386	9,885	\$ 720,805.66	\$ 72.92	183.056	\$ 520.06	\$ 13348.25
PRESCRIPTION DRUGS	1,358	3,182	711,659.17	223.65	58.926	524.05	13178.87
SNF/ICF	115	388	61,412.75	158.28	7.185	534.02	1137.27
OUTPATIENTS	1,244	2,794	650,246.42	232.73	51.741	522.71	12041.60
MEDICAL SUPPLIES	65	6,703	9,146.49	1.36	124.130	140.72	169.38
@DENTIST	638	3,025	\$ 129,979.16	\$ 42.97	56.019	\$ 203.73	\$ 2407.02
VISITS - DIAGNOSTIC	449	1,751	23,626.27	13.49	32.426	52.62	437.52
ORAL SURGERY	119	396	20,241.00	51.11	7.333	170.09	374.83
DRUGS	3	3	50.00	16.67	.056	16.67	.93
ANESTHESIA	16	16	1,500.00	93.75	.296	93.75	27.78
PERIODONTICS	43	44	7,965.00	181.02	.815	185.23	147.50
ENDODONTICS	38	61	12,192.64	199.88	1.130	320.86	225.79
RESTORATIVE DENTISTRY	182	536	43,176.25	80.55	9.926	237.23	799.56
PROSTHETICS	8	9	210.00	23.33	.167	26.25	3.89
DENTURES, STAYPLATES	48	177	21,018.00	118.75	3.278	437.88	389.22
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	3	3	.00	.00	.056	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	14	29	.00	.00	.537	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,066
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED						

54 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
					AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00

EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.000	\$	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	10	2,577	\$	76,147.59	\$	29.55	47.722	\$ 7614.76 \$ 1410.14
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
@TOTAL HOSPITAL	58	232	\$	76,043.87	\$	327.78	4.296	\$ 1311.10 \$ 1408.22
HOSP INPATIENT TOTAL	14	107		71,102.45		664.51	1.981	5078.75 1316.71
HSC HOSPITALS	6	31		47,445.00		1530.48	.574	7907.50 878.61
NON-HSC HOSPITAL TOTAL	1	22		18,556.38		843.47	.407	18556.38 343.64
ACCOMMODATIONS	1	22		18,556.38		843.47	.407	18556.38 343.64
ADMINISTRATIVE DAYS	0	0		605.62CR		.00	.000	.00 11.22CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00 .00
ALL OTHER ACCOM	1	22		19,162.00		871.00	.407	19162.00 354.85
ANCILLARIES	1	0		.00		.00	.000	.00 .00
INPATIENT CROSSOVERS	7	54		5,101.07		94.46	1.000	728.72 94.46
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00 .00
HOSP OUTPATIENT TOTAL	45	125		4,941.42		39.53	2.315	109.81 91.51
MEDICAL	11	18		782.87		43.49	.333	71.17 14.50
SURGERY	4	4		277.39		69.35	.074	69.35 5.14
PATHOLOGY	18	43		448.01		10.42	.796	24.89 8.30
RADIOLOGY	14	14		1,234.05		88.15	.259	88.15 22.85
ROOM USE	23	34		1,415.93		41.65	.630	61.56 26.22
CROSSOVERS/ALL OTH OUTPTNT	13	12		783.17		65.26	.222	60.24 14.50
@COUNTY HOSPITAL TOTAL	23	117	\$	13,941.69	\$	119.16	2.167	\$ 606.16 \$ 258.18
CO HOSPITAL INPATIENT TOTAL	8	57		11,829.58		207.54	1.056	1478.70 219.07
HSC HOSPITALS	2	6		7,200.00		1200.00	.111	3600.00 133.33
NON-HSC HOSPITALS TOTAL	0	0		104.49CR		.00	.000	.00 1.94CR
ACCOMMODATIONS	0	0		104.49CR		.00	.000	.00 1.94CR
ADMINISTRATIVE DAYS	0	0		104.49CR		.00	.000	.00 1.94CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00 .00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00 .00
ANCILLARIES	0	0		.00		.00	.000	.00 .00
INPATIENT CROSSOVERS	6	51		4,734.07		92.82	.944	789.01 87.67
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00 .00
CO HOSP OUTPATIENT TOTAL	15	60		2,112.11		35.20	1.111	140.81 39.11
MEDICAL	7	8		503.23		62.90	.148	71.89 9.32
SURGERY	1	1		37.66		37.66	.019	37.66 .70
PATHOLOGY	7	19		199.43		10.50	.352	28.49 3.69
RADIOLOGY	4	4		213.41		53.35	.074	53.35 3.95
ROOM USE	8	12		558.49		46.54	.222	69.81 10.34
CROSSOVERS/ALL OTH OUTPTNT	7	16		599.89		37.49	.296	85.70 11.11

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----- MONTHLY AVERAGE -----
54 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	35	115	\$	62,102.18	\$ 540.02	2.130	\$ 1774.35	\$ 1150.04
COMM HOSP INPATIENT TOTAL	6	50		59,272.87	1185.46	.926	9878.81	1097.65
HSC HOSPITALS	4	25		40,245.00	1609.80	.463	10061.25	745.28
NON-HSC HOSPITALS TOTAL	1	22		18,660.87	848.22	.407	18660.87	345.57
ACCOMMODATIONS	1	22		18,660.87	848.22	.407	18660.87	345.57
ADMINISTRATIVE DAYS	0	0		501.13CR	.00	.000	.00	9.28CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	22		19,162.00	871.00	.407	19162.00	354.85
ANCILLARIES	1	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	3		367.00	122.33	.056	367.00	6.80
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	30	65		2,829.31	43.53	1.204	94.31	52.39
MEDICAL	4	10		279.64	27.96	.185	69.91	5.18
SURGERY	3	3		239.73	79.91	.056	79.91	4.44
PATHOLOGY	11	24		248.58	10.36	.444	22.60	4.60
RADIOLOGY	10	10		1,020.64	102.06	.185	102.06	18.90
ROOM USE	15	22		857.44	38.97	.407	57.16	15.88
CROSSOVERS/ALL OTH OUTPTNT	6	4CR		183.28	45.82CR	.074CR	30.55	3.39
@STATE HOSPITAL	11	354	\$	200,755.68	\$ 567.11	6.556	\$ 18250.52	\$ 3717.70
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	11	354		200,755.68	567.11	6.556	18250.52	3717.70
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	8	509	\$	27,275.66	\$ 53.59	9.426	\$ 3409.46	\$ 505.10
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	8	509		27,275.66	53.59	9.426	3409.46	505.10
@REHABILITATION FACILITY	3	6	\$	4,342.35	\$ 723.73	.111	\$ 1447.45	\$ 80.41
HOSPITAL BASED	3	6		4,342.35	723.73	.111	1447.45	80.41
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	9	84	\$	975.93	\$ 11.62	1.556	\$ 108.44	\$ 18.07
PATHOLOGY	9	84		975.93	11.62	1.556	108.44	18.07
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	336	473	\$	36,121.01	\$ 76.37	8.759	\$ 107.50	\$ 668.91
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	1	13		157.94	12.15	.241	157.94	2.92
RURAL HEALTH CLINIC	335	460		35,963.07	78.18	8.519	107.35	665.98
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	54 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	262		17,238	\$ 57,198.52	\$ 3.32	319.222	\$ 218.31	\$ 1059.23
DURABLE MED. EQUIP.	57		213	32,513.20	152.64	3.944	570.41	602.10
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	1	3	16.28	5.43	.056	16.28	.30
MEDICAL TRANSPORTATION	5	120	4,043.42	33.70	2.222	808.68	74.88
AMBULANCES/AIR TRANS	5	119	2,243.42	18.85	2.204	448.68	41.54
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.019	1800.00	33.33
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	14	63	6,988.57	110.93	1.167	499.18	129.42
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	163	361	4,373.07	12.11	6.685	26.83	80.98
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	46	4,852.81	105.50	.852	808.80	89.87
PROSTHETICS	6	46	4,852.81	105.50	.852	808.80	89.87
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	230	835.13	3.63	4.259	119.30	15.47
EPSDT SUPPLEMENTAL SERVICE	3	59	1,705.78	28.91	1.093	568.59	31.59
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	14	16,143	1,870.26	.12	298.944	133.59	34.63
@CALIF. CHILDREN SERVICES*	179	25,396	\$ 230,661.68	\$ 9.08	470.296	\$ 1288.61	\$ 4271.51
@XOVER EXCLUDING STATE HOSP**	9	20CR	\$ 15,874.01	\$ 793.70CR	.370CR\$	1763.78	\$ 293.96

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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MONTEREY COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

	100,318 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	67,625	250,109	\$	19,235,332.18	\$ 76.91	2.493	\$ 284.44	\$ 191.74
@PHYSICIANS SERVICES	6,978	20,802	\$	1,695,366.83	\$ 81.50	.207	\$ 242.96	\$ 16.90
OUTPATIENT VISITS	3,290	5,897		245,930.96	41.70	.059	74.75	2.45
OFFICE VISITS	531	657		29,156.89	44.38	.007	54.91	.29
HOME VISITS	6	6		281.24	46.87	.000	46.87	.00
EMERGENCY ROOM	1,539	1,682		86,583.35	51.48	.017	56.26	.86
PREVENTIVE CARE	5	5		236.15	47.23	.000	47.23	.00
OB VISITS/COMPRE PERI	1,001	3,154		114,627.79	36.34	.031	114.51	1.14
OTHER OUTPATIENT	349	393		15,045.54	38.28	.004	43.11	.15
INPATIENT VISITS	1,466	4,715		395,664.91	83.92	.047	269.89	3.94
HOSPITAL VISITS	1,307	3,138		148,395.88	47.29	.031	113.54	1.48
CRITICAL CARE	247	1,576		247,241.53	156.88	.016	1000.98	2.46
SNF/ICF/TRANS IP CARE	1	1		27.50	27.50	.000	27.50	.00
OPHTHALMOLOGICAL SERVICES	34	50		2,806.92	56.14	.000	82.56	.03
EXAMINATIONS	34	50		2,806.92	56.14	.000	82.56	.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,221	3,379		621,165.40	183.83	.034	508.73	6.19
PRINCIPAL SURGEON	987	1,067		546,666.39	512.34	.011	553.87	5.45
ASSISTANT SURGEON	74	75		12,752.75	170.04	.001	172.33	.13
ANESTHESIOLOGIST	280	2,237		61,746.26	27.60	.022	220.52	.62
OUTPATIENT SURGERY	422	836		78,660.14	94.09	.008	186.40	.78
PRINCIPAL SURGEON	377	475		67,894.02	142.93	.005	180.09	.68
ASSISTANT SURGEON	1	1		148.92	148.92	.000	148.92	.00
ANESTHESIOLOGIST	120	360		10,617.20	29.49	.004	88.48	.11
DIALYSIS	11	56		3,592.46	64.15	.001	326.59	.04
PATHOLOGY	671	1,163		20,668.23	17.77	.012	30.80	.21
RADIOLOGY	1,903	2,766		93,638.54	33.85	.028	49.21	.93
PSYCHIATRY	1	3		130.26	43.42	.000	130.26	.00
IMMUNIZATION AND INJECTION	127	303		3,487.94	11.51	.003	27.46	.03
OTHER SERVICES/ALL X-OVERS	929	1,634		229,621.07	140.53	.016	247.17	2.29
@PHARMACY	5,450	12,696	\$	601,120.87	\$ 47.35	.127	\$ 110.30	\$ 5.99
PRESCRIPTION DRUGS	5,296	9,867		537,233.24	54.45	.098	101.44	5.36
SNF/ICF	8	14		946.23	67.59	.000	118.28	.01
OUTPATIENTS	5,289	9,853		536,287.01	54.43	.098	101.40	5.35
MEDICAL SUPPLIES	402	2,829		63,887.63	22.58	.028	158.92	.64
@DENTIST	17,574	98,844	\$	3,116,639.64	\$ 31.53	.985	\$ 177.34	\$ 31.07
VISITS - DIAGNOSTIC	12,695	60,855		771,697.59	12.68	.607	60.79	7.69
ORAL SURGERY	2,352	4,659		274,561.65	58.93	.046	116.74	2.74
DRUGS	2,743	3,111		69,856.08	22.45	.031	25.47	.70
ANESTHESIA	202	215		19,250.00	89.53	.002	95.30	.19
PERIODONTICS	626	653		104,431.05	159.93	.007	166.82	1.04
ENDODONTICS	1,767	3,548		361,855.26	101.99	.035	204.79	3.61
RESTORATIVE DENTISTRY	7,249	24,268		1,386,660.32	57.14	.242	191.29	13.82
PROSTHETICS	43	44		1,092.50	24.83	.000	25.41	.01
DENTURES, STAYPLATES	128	539		55,627.50	103.21	.005	434.59	.55
SPACE MAINTAINERS	158	187		20,464.37	109.44	.002	129.52	.20
MAXILLOFACIAL SERVICES	35	38		1,740.00	45.79	.000	49.71	.02
FRACTURES, DISLOCATIONS	2	4		3,018.75	754.69	.000	1509.38	.03
ORTHODONTIC SERVICES	434	539		45,909.57	85.18	.005	105.78	.46
ALL OTHER SERVICES	162	184		475.00	2.58	.002	2.93	.00

MONTEREY COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

100,318 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	4	12	\$ 318.08	\$ 26.51	.000	\$ 79.52	\$.00
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.000	47.45	.00
EYE APPLIANCES	4	8	128.28	16.04	.000	32.07	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$ 47.54	\$ 47.54	.000	\$ 47.54	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	1	1	47.54	47.54	.000	47.54	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	439	653	\$ 42,489.06	\$ 65.07	.007	\$ 96.79	\$.42
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7,064	27,391	\$ 8,692,019.44	\$ 317.33	.273	\$ 1230.47	\$ 86.64
HOSP INPATIENT TOTAL	1,384	5,660	8,096,769.22	1430.52	.056	5850.27	80.71
HSC HOSPITALS	1,102	4,532	5,728,428.45	1264.00	.045	5198.21	57.10
NON-HSC HOSPITAL TOTAL	289	1,128	2,368,340.77	2099.59	.011	8194.95	23.61
ACCOMMODATIONS	286	1,128	826,871.62	733.04	.011	2891.16	8.24
ADMINISTRATIVE DAYS	2	9	1,389.94	154.44	.000	694.97	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	284	1,119	825,481.68	737.70	.011	2906.63	8.23
ANCILLARIES	289	0	1,541,469.15	.00	.000	5333.80	15.37
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6,096	21,731	595,250.22	27.39	.217	97.65	5.93
MEDICAL	510	741	41,558.04	56.08	.007	81.49	.41
SURGERY	229	288	14,956.69	51.93	.003	65.31	.15
PATHOLOGY	3,287	11,052	132,912.53	12.03	.110	40.44	1.32
RADIOLOGY	1,201	1,497	122,929.06	82.12	.015	102.36	1.23
ROOM USE	3,117	4,428	162,485.28	36.69	.044	52.13	1.62
CROSSOVERS/ALL OTH OUTPTNT	2,127	3,725	120,408.62	32.32	.037	56.61	1.20
@COUNTY HOSPITAL TOTAL	4,151	14,825	\$ 3,561,680.20	\$ 240.25	.148	\$ 858.03	\$ 35.50
CO HOSPITAL INPATIENT TOTAL	866	2,721	3,273,181.66	1202.93	.027	3779.66	32.63
HSC HOSPITALS	866	2,714	3,271,224.90	1205.31	.027	3777.40	32.61
NON-HSC HOSPITALS TOTAL	1	7	1,956.76	279.54	.000	1956.76	.02
ACCOMMODATIONS	1	7	1,595.88	227.98	.000	1595.88	.02
ADMINISTRATIVE DAYS	1	7	1,595.88	227.98	.000	1595.88	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	360.88	.00	.000	360.88	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3,528	12,104	288,498.54	23.83	.121	81.77	2.88
MEDICAL	160	209	9,103.58	43.56	.002	56.90	.09
SURGERY	100	133	4,812.63	36.19	.001	48.13	.05
PATHOLOGY	1,728	5,843	67,325.21	11.52	.058	38.96	.67
RADIOLOGY	622	747	49,957.33	66.88	.007	80.32	.50
ROOM USE	2,120	3,140	109,527.45	34.88	.031	51.66	1.09

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
100,318 ELIGIBLES							
@COMMUNITY HOSPITAL TOTAL	3,054	12,566	\$ 5,130,339.24	\$ 408.27	.125	\$ 1679.88	\$ 51.14
COMM HOSP INPATIENT TOTAL	526	2,939	4,823,587.56	1641.23	.029	9170.32	48.08
HSC HOSPITALS	242	1,818	2,457,203.55	1351.60	.018	10153.73	24.49
NON-HSC HOSPITALS TOTAL	288	1,121	2,366,384.01	2110.96	.011	8216.61	23.59
ACCOMMODATIONS	285	1,121	825,275.74	736.20	.011	2895.70	8.23
ADMINISTRATIVE DAYS	1	2	205.94CR	102.97CR	.000	205.94CR	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	284	1,119	825,481.68	737.70	.011	2906.63	8.23
ANCILLARIES	288	0	1,541,108.27	.00	.000	5351.07	15.36
INPATIENT CROSSTOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,661	9,627	306,751.68	31.86	.096	115.28	3.06
MEDICAL	351	532	32,454.46	61.00	.005	92.46	.32
SURGERY	129	155	10,144.06	65.45	.002	78.64	.10
PATHOLOGY	1,584	5,209	65,587.32	12.59	.052	41.41	.65
RADIOLOGY	581	750	72,971.73	97.30	.007	125.60	.73
ROOM USE	1,016	1,288	52,957.83	41.12	.013	52.12	.53
CROSSTOVERS/ALL OTH OUTPTNT	845	1,693	72,636.28	42.90	.017	85.96	.72
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	1	26	\$ 2,995.46	\$ 115.21	.000	\$ 2995.46	\$.03
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	1	26	2,995.46	115.21	.000	2995.46	.03
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	27	1,676	\$ 125,217.54	\$ 74.71	.017	\$ 4637.69	\$ 1.25
HOSPITAL BASED	5	203	78,231.34	385.38	.002	15646.27	.78
HEMODIALYSIS CENTER	22	1,473	46,986.20	31.90	.015	2135.74	.47
@REHABILITATION FACILITY	38	343	\$ 6,057.54	\$ 17.66	.003	\$ 159.41	\$.06
HOSPITAL BASED	24	44	2,091.93	47.54	.000	87.16	.02
INDEPENDENT FACILITY	14	299	3,965.61	13.26	.003	283.26	.04
@LABORATORY FACILITY	1,821	3,893	\$ 96,105.50	\$ 24.69	.039	\$ 52.78	\$.96
PATHOLOGY	1,821	3,893	96,105.50	24.69	.039	52.78	.96
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	33,247	54,917	\$ 4,411,345.29	\$ 80.33	.547	\$ 132.68	\$ 43.97
CLINIC	465	1,736	44,730.57	25.77	.017	96.19	.45
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	2	35	394.18	11.26	.000	197.09	.00
RURAL HEALTH CLINIC	32,793	53,146	4,366,220.54	82.16	.530	133.14	43.52
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MONTEREY COUNTY	SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES						

100,318 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6,614	28,855	\$ 445,609.39	\$ 15.44	.288	\$ 67.37	\$ 4.44
DURABLE MED. EQUIP.	79	450	43,102.06	95.78	.004	545.60	.43
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	33	110	12,793.67	116.31	.001	387.69	.13
MEDICAL TRANSPORTATION	158	4,620	80,056.07	17.33	.046	506.68	.80
AMBULANCES/AIR TRANS	155	4,602	51,331.07	11.15	.046	331.17	.51
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	18	18	28,725.00	1595.83	.000	1595.83	.29
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1,218	1,223	99,428.50	81.30	.012	81.63	.99
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,024	4,278	43,280.44	10.12	.043	21.38	.43
PHYSICAL THERAPIST	234	614	37,206.20	60.60	.006	159.00	.37
PORTABLE X-RAY	1	1	17.30	17.30	.000	17.30	.00
PROSTHETIST/ORTHOTISTS	87	318	27,501.54	86.48	.003	316.11	.27
PROSTHETICS	47	263	22,042.65	83.81	.003	468.99	.22
ORTHOTICS	51	55	5,458.89	99.25	.001	107.04	.05
PSYCHOLOGIST	6	14	797.79	56.99	.000	132.97	.01
SPEECH AND AUDIOLOGY	10	25	1,181.82	47.27	.000	118.18	.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,822	10,834	98,984.80	9.14	.108	35.08	.99
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	6,368	1,259.20	.20	.063	139.91	.01
@CALIF. CHILDREN SERVICES*	1,957	21,484	\$ 4,033,893.89	\$ 187.76	.214	\$ 2061.26	\$ 40.21
@XOVER EXCLUDING STATE HOSP**	5	35	\$ 970.94	\$ 27.74	.000	\$ 194.19	\$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
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100,465 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	73,427	293,880	\$ 21,262,707.40	\$ 72.35	2.925	\$ 289.58	\$ 211.64
@PHYSICIANS SERVICES	7,053	21,304	\$ 1,716,522.42	\$ 80.57	.212	\$ 243.37	\$ 17.09
OUTPATIENT VISITS	3,318	5,936	247,934.24	41.77	.059	74.72	2.47
OFFICE VISITS	542	673	29,923.55	44.46	.007	55.21	.30
HOME VISITS	6	6	281.24	46.87	.000	46.87	.00
EMERGENCY ROOM	1,552	1,698	87,528.27	51.55	.017	56.40	.87
PREVENTIVE CARE	5	5	236.15	47.23	.000	47.23	.00
OB VISITS/COMPRE PERI	1,001	3,154	114,627.79	36.34	.031	114.51	1.14
OTHER OUTPATIENT	355	400	15,337.24	38.34	.004	43.20	.15
INPATIENT VISITS	1,488	4,819	400,412.14	83.09	.048	269.09	3.99
HOSPITAL VISITS	1,321	3,228	152,003.23	47.09	.032	115.07	1.51
CRITICAL CARE	251	1,584	248,216.41	156.70	.016	988.91	2.47
SNF/ICF/TRANS IP CARE	7	7	192.50	27.50	.000	27.50	.00
OPHTHALMOLOGICAL SERVICES	35	51	2,858.82	56.06	.001	81.68	.03

EXAMINATIONS	35	51	2,858.82	56.06	.001	81.68	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,234	3,465	629,659.48	181.72	.034	510.26	6.27
PRINCIPAL SURGEON	995	1,081	552,583.61	511.18	.011	555.36	5.50
ASSISTANT SURGEON	75	76	12,961.24	170.54	.001	172.82	.13
ANESTHESIOLOGIST	287	2,308	64,114.63	27.78	.023	223.40	.64
OUTPATIENT SURGERY	426	844	79,653.83	94.38	.008	186.98	.79
PRINCIPAL SURGEON	380	479	68,685.73	143.39	.005	180.75	.68
ASSISTANT SURGEON	1	1	148.92	148.92	.000	148.92	.00
ANESTHESIOLOGIST	121	364	10,819.18	29.72	.004	89.41	.11
DIALYSIS	16	96	5,490.56	57.19	.001	343.16	.05
PATHOLOGY	679	1,207	20,804.89	17.24	.012	30.64	.21
RADIOLOGY	1,919	2,805	94,517.78	33.70	.028	49.25	.94
PSYCHIATRY	1	3	130.26	43.42	.000	130.26	.00
IMMUNIZATION AND INJECTION	128	408	3,487.94	8.55	.004	27.25	.03
OTHER SERVICES/ALL X-OVERS	949	1,670	231,572.48	138.67	.017	244.02	2.31
@PHARMACY	8,281	25,038	\$ 1,608,666.23	\$ 64.25	.249	\$ 194.26	\$ 16.01
PRESCRIPTION DRUGS	8,098	15,405	1,535,491.50	99.67	.153	189.61	15.28
SNF/ICF	1,188	2,193	276,666.85	126.16	.022	232.88	2.75
OUTPATIENTS	6,918	13,212	1,258,824.65	95.28	.132	181.96	12.53
MEDICAL SUPPLIES	469	9,633	73,174.73	7.60	.096	156.02	.73
@DENTIST	19,235	105,517	\$ 3,427,548.16	\$ 32.48	1.050	\$ 178.19	\$ 34.12
VISITS - DIAGNOSTIC	13,911	64,842	829,680.36	12.80	.645	59.64	8.26
ORAL SURGERY	2,599	5,439	311,186.31	57.21	.054	119.73	3.10
DRUGS	2,746	3,114	69,906.08	22.45	.031	25.46	.70
ANESTHESIA	225	238	21,150.00	88.87	.002	94.00	.21
PERIODONTICS	716	745	119,276.05	160.10	.007	166.59	1.19
ENDODONTICS	1,842	3,678	388,734.90	105.69	.037	211.04	3.87
RESTORATIVE DENTISTRY	7,595	25,293	1,475,846.07	58.35	.252	194.32	14.69
PROSTHETICS	60	64	1,595.00	24.92	.001	26.58	.02
DENTURES, STAYPLATES	325	1,108	138,565.70	125.06	.011	426.36	1.38
SPACE MAINTAINERS	158	187	20,464.37	109.44	.002	129.52	.20

MAXILLOFACIAL SERVICES	38	41	1,740.00	42.44	.000	45.79	.02
FRACTURES, DISLOCATIONS	2	4	3,018.75	754.69	.000	1509.38	.03
ORTHODONTIC SERVICES	434	539	45,909.57	85.18	.005	105.78	.46
ALL OTHER SERVICES	188	225	475.00	2.11	.002	2.53	.00

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MONTEREY COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

	100,465 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	5	13	\$	340.67	\$ 26.21	.000	\$ 68.13	\$.00
DIAGNOSTIC AND ANC. PROCED	5	5		212.39	42.48	.000	42.48	.00
EYE APPLIANCES	4	8		128.28	16.04	.000	32.07	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$	47.54	\$ 47.54	.000	\$ 47.54	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	1	1		47.54	47.54	.000	47.54	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	449	3,230	\$	118,636.65	\$ 36.73	.032	\$ 264.22	\$ 1.18
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7,133	27,682	\$	8,813,541.45	\$ 318.39	.276	\$ 1235.60	\$ 87.73
HOSP INPATIENT TOTAL	1,403	5,819		8,213,023.66	1411.41	.058	5853.90	81.75
HSC HOSPITALS	1,111	4,602		5,819,673.45	1264.60	.046	5238.23	57.93
NON-HSC HOSPITAL TOTAL	291	1,151		2,387,457.14	2074.25	.011	8204.32	23.76
ACCOMMODATIONS	288	1,151		845,612.12	734.68	.011	2936.15	8.42
ADMINISTRATIVE DAYS	3	10		968.44	96.84	.000	322.81	.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	285	1,141		844,643.68	740.27	.011	2963.66	8.41
ANCILLARIES	291	0		1,541,845.02	.00	.000	5298.44	15.35
INPATIENT CROSSOVERS	8	66		5,893.07	89.29	.001	736.63	.06
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6,147	21,863		600,517.79	27.47	.218	97.69	5.98
MEDICAL	522	760		42,385.57	55.77	.008	81.20	.42
SURGERY	233	292		15,234.08	52.17	.003	65.38	.15
PATHOLOGY	3,308	11,108		133,526.88	12.02	.111	40.36	1.33
RADIOLOGY	1,217	1,514		124,246.26	82.06	.015	102.09	1.24
ROOM USE	3,143	4,465		164,020.54	36.73	.044	52.19	1.63
CROSSOVERS/ALL OTH OUTPTNT	2,140	3,724		121,104.46	32.52	.037	56.59	1.21
@COUNTY HOSPITAL TOTAL	4,182	14,984	\$	3,609,718.12	\$ 240.90	.149	\$ 863.16	\$ 35.93
CO HOSPITAL INPATIENT TOTAL	878	2,812		3,318,809.40	1180.23	.028	3779.97	33.03
HSC HOSPITALS	870	2,747		3,310,824.90	1205.25	.027	3805.55	32.96
NON-HSC HOSPITALS TOTAL	2	8		2,458.43	307.30	.000	1229.22	.02
ACCOMMODATIONS	2	8		1,721.68	215.21	.000	860.84	.02
ADMINISTRATIVE DAYS	2	8		1,721.68	215.21	.000	860.84	.02
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	2	0		736.75	.00	.000	368.38	.01
INPATIENT CROSSOVERS	7	57		5,526.07	96.95	.001	789.44	.06
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	3,547	12,172	290,908.72	23.90	.121	82.02	2.90
MEDICAL	168	218	9,638.09	44.21	.002	57.37	.10
SURGERY	101	134	4,850.29	36.20	.001	48.02	.05
PATHOLOGY	1,736	5,865	67,566.69	11.52	.058	38.92	.67
RADIOLOGY	627	753	50,225.31	66.70	.007	80.10	.50
ROOM USE	2,130	3,154	110,152.16	34.92	.031	51.71	1.10
CROSSEOVERS/ALL OTH OUTPTNT	1,303	2,048	48,476.18	23.67	.020	37.20	.48
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					----- MONTHLY AVERAGE -----			
100,465 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	3,092	12,698	\$ 5,203,823.33	\$ 409.81	.126	\$ 1683.00	\$ 51.80	
COMM HOSP INPATIENT TOTAL	533	3,007	4,894,214.26	1627.61	.030	9182.39	48.72	
HSC HOSPITALS	247	1,855	2,508,848.55	1352.48	.018	10157.28	24.97	
NON-HSC HOSPITALS TOTAL	289	1,143	2,384,998.71	2086.61	.011	8252.59	23.74	
ACCOMMODATIONS	286	1,143	843,890.44	738.31	.011	2950.67	8.40	
ADMINISTRATIVE DAYS	1	2	753.24CR	376.62CR	.000	753.24CR	.01CR	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	285	1,141	844,643.68	740.27	.011	2963.66	8.41	
ANCILLARIES	289	0	1,541,108.27	.00	.000	5332.55	15.34	
INPATIENT CROSSEOVERS	1	9	367.00	40.78	.000	367.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	2,693	9,691	309,609.07	31.95	.096	114.97	3.08	
MEDICAL	355	542	32,747.48	60.42	.005	92.25	.33	
SURGERY	132	158	10,383.79	65.72	.002	78.67	.10	
PATHOLOGY	1,597	5,243	65,960.19	12.58	.052	41.30	.66	
RADIOLOGY	592	761	74,020.95	97.27	.008	125.04	.74	
ROOM USE	1,032	1,311	53,868.38	41.09	.013	52.20	.54	
CROSSEOVERS/ALL OTH OUTPTNT	851	1,676	72,628.28	43.33	.017	85.34	.72	
@STATE HOSPITAL	11	354	\$ 200,755.68	\$ 567.11	.004	\$ 18250.52	\$ 2.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	11	354	200,755.68	567.11	.004	18250.52	2.00	
@NURSING FACILITY	13	360	\$ 40,306.76	\$ 111.96	.004	\$ 3100.52	\$.40	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	13	360	40,306.76	111.96	.004	3100.52	.40	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	35	2,184	\$ 153,307.55	\$ 70.20	.022	\$ 4380.22	\$ 1.53	
HOSPITAL BASED	5	203	78,231.34	385.38	.002	15646.27	.78	
HEMODIALYSIS CENTER	30	1,981	75,076.21	37.90	.020	2502.54	.75	
@REHABILITATION FACILITY	41	349	\$ 10,399.89	\$ 29.80	.003	\$ 253.66	\$.10	
HOSPITAL BASED	27	50	6,434.28	128.69	.000	238.31	.06	
INDEPENDENT FACILITY	14	299	3,965.61	13.26	.003	283.26	.04	
@LABORATORY FACILITY	1,832	3,986	\$ 97,179.48	\$ 24.38	.040	\$ 53.05	\$.97	
PATHOLOGY	1,832	3,986	97,179.48	24.38	.040	53.05	.97	
XO AND OTHERS	0	0	.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	34,290	56,621	\$ 4,531,982.40	\$ 80.04	.564	\$ 132.17	\$ 45.11	
CLINIC	472	1,915	48,159.88	25.15	.019	102.03	.48	

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	3	48	552.12	11.50	.000	184.04	.01
RURAL HEALTH CLINIC	33,832	54,658	4,483,270.40	82.02	.544	132.52	44.63

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDEY

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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
100,465 ELIGIBLES							
@ALL OTHER PROVIDERS	7,232	47,241	\$ 543,472.52	\$ 11.50	.470	\$ 75.15	\$ 5.41
DURABLE MED. EQUIP.	136	663	75,615.26	114.05	.007	555.99	.75
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	34	113	12,809.95	113.36	.001	376.76	.13
MEDICAL TRANSPORTATION	164	4,745	84,257.07	17.76	.047	513.76	.84
AMBULANCES/AIR TRANS	161	4,726	53,732.07	11.37	.047	333.74	.53
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	19	19	30,525.00	1606.58	.000	1606.58	.30
ACUPUNCTURE	2	12	205.45	17.12	.000	102.73	.00
ADULT DAY HEALTH CARE CTR	20	362	24,069.48	66.49	.004	1203.47	.24
GENETIC DISEASE TESTING	1,218	1,223	99,428.50	81.30	.012	81.63	.99
IHMC, MODEL-NF, NF, AIDS, MSSP	25	115	11,138.94	96.86	.001	445.56	.11
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,498	5,303	56,141.93	10.59	.053	22.47	.56
PHYSICAL THERAPIST	234	614	37,206.20	60.60	.006	159.00	.37
PORTABLE X-RAY	1	1	17.30	17.30	.000	17.30	.00
PROSTHETIST/ORTHOTISTS	93	364	32,354.35	88.89	.004	347.90	.32
PROSTHETICS	53	309	26,895.46	87.04	.003	507.46	.27
ORTHOTICS	51	55	5,458.89	99.25	.001	107.04	.05
PSYCHOLOGIST	6	14	797.79	56.99	.000	132.97	.01
SPEECH AND AUDIOLOGY	10	25	1,181.82	47.27	.000	118.18	.01
HOSPICE SERVICES	1	30	3,142.80	104.76	.000	3142.80	.03
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,829	11,064	99,819.93	9.02	.110	35.28	.99
EPSDT SUPPLEMENTAL SERVICE	3	59	1,705.78	28.91	.001	568.59	.02
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	33	22,534	3,579.97	.16	.224	108.48	.04
@CALIF. CHILDREN SERVICES*	2,136	46,875	\$ 4,264,280.30	\$ 90.97	.467	\$ 1996.39	\$ 42.45
@XOVER EXCLUDING STATE HOSP**	27	25	\$ 18,942.00	\$ 757.68	.000	\$ 701.56	\$.19

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
362 ELIGIBLES							
@TOTAL, ALL PROVIDERS	2,057	13,006	\$ 531,527.09	\$ 40.87	35.928	\$ 258.40	\$ 1468.31
@PHYSICIANS SERVICES	111	410	\$ 42,745.30	\$ 104.26	1.133	\$ 385.09	\$ 118.08
OUTPATIENT VISITS	49	54	2,840.80	52.61	.149	57.98	7.85
OFFICE VISITS	21	23	1,239.51	53.89	.064	59.02	3.42
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	15	16	1,063.00	66.44	.044	70.87	2.94
PREVENTIVE CARE	1	1	65.78	65.78	.003	65.78	.18
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	13	14		472.51	33.75	.039	36.35	1.31	
INPATIENT VISITS	17	82		19,030.34	232.08	.227	1119.43	52.57	
HOSPITAL VISITS	13	57		3,712.71	65.14	.157	285.59	10.26	
CRITICAL CARE	7	25		15,317.63	612.71	.069	2188.23	42.31	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	4	4		161.45	40.36	.011	40.36	.45	
EXAMINATIONS	4	4		161.45	40.36	.011	40.36	.45	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	14	108		10,418.87	96.47	.298	744.21	28.78	
PRINCIPAL SURGEON	9	20		7,914.12	395.71	.055	879.35	21.86	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	9	88		2,504.75	28.46	.243	278.31	6.92	
OUTPATIENT SURGERY	14	55		6,105.02	111.00	.152	436.07	16.86	
PRINCIPAL SURGEON	8	18		4,580.99	254.50	.050	572.62	12.65	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	8	37		1,524.03	41.19	.102	190.50	4.21	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	2	4		7.21	1.80	.011	3.61	.02	
RADIOLOGY	30	44		2,116.50	48.10	.122	70.55	5.85	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	19	59		2,065.11	35.00	.163	108.69	5.70	
@PHARMACY	168	1,511	\$	49,514.60	\$ 32.77	4.174	\$ 294.73	\$ 136.78	
PRESCRIPTION DRUGS	154	327		43,638.77	133.45	.903	283.37	120.55	
SNF/ICF	0	0		.00	.00	.000	.00	.00	
OUTPATIENTS	154	327		43,638.77	133.45	.903	283.37	120.55	
MEDICAL SUPPLIES	30	1,184		5,875.83	4.96	3.271	195.86	16.23	
@DENTIST	615	3,533	\$	102,885.41	\$ 29.12	9.760	\$ 167.29	\$ 284.21	
VISITS - DIAGNOSTIC	462	2,233		28,982.40	12.98	6.169	62.73	80.06	
ORAL SURGERY	83	167		15,105.00	90.45	.461	181.99	41.73	
DRUGS	92	105		2,358.75	22.46	.290	25.64	6.52	
ANESTHESIA	15	15		1,175.00	78.33	.041	78.33	3.25	
PERIODONTICS	6	6		1,055.00	175.83	.017	175.83	2.91	
ENDODONTICS	38	79		7,054.86	89.30	.218	185.65	19.49	
RESTORATIVE DENTISTRY	236	860		41,999.40	48.84	2.376	177.96	116.02	
PROSTHETICS	1	1		30.00	30.00	.003	30.00	.08	
DENTURES, STAYPLATES	2	12		530.00	44.17	.033	265.00	1.46	
SPACE MAINTAINERS	5	5		600.00	120.00	.014	120.00	1.66	
MAXILLOFACIAL SERVICES	4	6		300.00	50.00	.017	75.00	.83	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	31	38		3,648.00	96.00	.105	117.68	10.08	
ALL OTHER SERVICES	6	6		47.00	7.83	.017	7.83	.13	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 8,078
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82								

						----- MONTHLY AVERAGE -----		
362 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	4	14	\$ 266.18	\$ 19.01	.039	\$ 66.55	\$.74	
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.006	47.45	.26	
EYE APPLIANCES	4	12	171.28	14.27	.033	42.82	.47	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	13	106	\$	4,838.79	\$ 45.65	.293	\$ 372.21	\$ 13.37
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	86	593	\$	166,237.00	\$ 280.33	1.638	\$ 1932.99	\$ 459.22
HOSP INPATIENT TOTAL	10	102		145,078.50	1422.34	.282	14507.85	400.77
HSC HOSPITALS	10	102		145,078.50	1422.34	.282	14507.85	400.77
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	78	491		21,158.50	43.09	1.356	271.26	58.45
MEDICAL	24	61		3,747.08	61.43	.169	156.13	10.35
SURGERY	4	6		622.10	103.68	.017	155.53	1.72
PATHOLOGY	20	149		1,541.59	10.35	.412	77.08	4.26
RADIOLOGY	29	38		4,719.57	124.20	.105	162.74	13.04
ROOM USE	44	60		2,242.50	37.38	.166	50.97	6.19
CROSSOVERS/ALL OTH OUTPTNT	31	177		8,285.66	46.81	.489	267.28	22.89
@COUNTY HOSPITAL TOTAL	21	41	\$	1,258.32	\$ 30.69	.113	\$ 59.92	\$ 3.48
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	21	41	1,258.32	30.69	.113	59.92	3.48
MEDICAL	4	6	273.06	45.51	.017	68.27	.75
SURGERY	1	1	8.71	8.71	.003	8.71	.02
PATHOLOGY	2	7	143.79	20.54	.019	71.90	.40
RADIOLOGY	11	12	355.30	29.61	.033	32.30	.98
ROOM USE	11	11	433.57	39.42	.030	39.42	1.20
CROSSOVERS/ALL OTH OUTPTNT	3	4	43.89	10.97	.011	14.63	.12

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,079
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

362 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	68	552	\$ 164,978.68	\$ 298.87	1.525	\$ 2426.16	\$ 455.74
COMM HOSP INPATIENT TOTAL	10	102	145,078.50	1422.34	.282	14507.85	400.77
HSC HOSPITALS	10	102	145,078.50	1422.34	.282	14507.85	400.77
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	60	450	19,900.18	44.22	1.243	331.67	54.97
MEDICAL	20	55	3,474.02	63.16	.152	173.70	9.60
SURGERY	3	5	613.39	122.68	.014	204.46	1.69
PATHOLOGY	18	142	1,397.80	9.84	.392	77.66	3.86
RADIOLOGY	18	26	4,364.27	167.86	.072	242.46	12.06
ROOM USE	33	49	1,808.93	36.92	.135	54.82	5.00
CROSSOVERS/ALL OTH OUTPTNT	28	173	8,241.77	47.64	.478	294.35	22.77
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	8	49	\$ 1,089.94	\$ 22.24	.135	\$ 136.24	\$ 3.01
HOSPITAL BASED	4	8	250.54	31.32	.022	62.64	.69

INDEPENDENT FACILITY	4	41		839.40		20.47	.113	209.85	2.32
@LABORATORY FACILITY	4	7	\$	105.00	\$	15.00	.019	\$ 26.25	\$.29
PATHOLOGY	4	7		105.00		15.00	.019	26.25	.29
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,006	1,578	\$	121,624.68	\$	77.08	4.359	\$ 120.90	\$ 335.98
CLINIC	1	5		45.36		9.07	.014	45.36	.13
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1,005	1,573		121,579.32		77.29	4.345	120.97	335.85

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,080
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

362 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	203	5,205	\$ 42,220.19	\$ 8.11	14.378	\$ 207.98	\$ 116.63
DURABLE MED. EQUIP.	11	41	9,010.00	219.76	.113	819.09	24.89
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	11	3,227.93	293.45	.030	1075.98	8.92
AMBULANCES/AIR TRANS	2	9	152.93	16.99	.025	76.47	.42
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	2	2	3,075.00	1537.50	.006	1537.50	8.49
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	38	39	3,391.00	86.95	.108	89.24	9.37
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	67	140	1,188.62	8.49	.387	17.74	3.28
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	11	10,256.53	932.41	.030	2564.13	28.33
PROSTHETICS	4	11	10,256.53	932.41	.030	2564.13	28.33
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	13	854.72	65.75	.036	284.91	2.36
SPEECH AND AUDIOLOGY	5	10	4,791.95	479.20	.028	958.39	13.24
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	74	1,119	8,904.88	7.96	3.091	120.34	24.60
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	3,821	594.56	.16	10.555	118.91	1.64
@CALIF. CHILDREN SERVICES*	144	1,225	\$ 240,595.69	\$ 196.40	3.384	\$ 1670.80	\$ 664.63
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,081
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 45 MIC - SOC	

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	69	549	\$ 123,202.12	\$ 224.41	54.900	\$ 1785.54	\$ 12320.21
@PHYSICIANS SERVICES	17	126	\$ 7,259.75	\$ 57.62	12.600	\$ 427.04	\$ 725.98

OUTPATIENT VISITS	5	5	458.42	91.68	.500	91.68	45.84
OFFICE VISITS	2	2	293.70	146.85	.200	146.85	29.37
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	164.72	54.91	.300	54.91	16.47
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	9	75	4,375.03	58.33	7.500	486.11	437.50
HOSPITAL VISITS	9	75	4,375.03	58.33	7.500	486.11	437.50
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	40	2,315.16	57.88	4.000	330.74	231.52
PRINCIPAL SURGEON	4	6	1,168.66	194.78	.600	292.17	116.87
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	34	1,146.50	33.72	3.400	229.30	114.65
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	82.49	82.49	.100	82.49	8.25
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	5	28.65	5.73	.500	9.55	2.87
@PHARMACY	1	1	\$ 105.10	\$ 105.10	.100	\$ 105.10	\$ 10.51
PRESCRIPTION DRUGS	1	1	105.10	105.10	.100	105.10	10.51
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	1	105.10	105.10	.100	105.10	10.51
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	37	299	\$ 3,814.00	\$ 12.76	29.900	\$ 103.08	\$ 381.40
VISITS - DIAGNOSTIC	28	142	264.00	1.86	14.200	9.43	26.40
ORAL SURGERY	9	21	365.00	17.38	2.100	40.56	36.50
DRUGS	12	14	125.00	8.93	1.400	10.42	12.50
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	24.00	24.00	.100	24.00	2.40
ENDODONTICS	7	26	736.00	28.31	2.600	105.14	73.60
RESTORATIVE DENTISTRY	16	70	2,060.00	29.43	7.000	128.75	206.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	3	240.00	80.00	.300	240.00	24.00
MAXILLOFACIAL SERVICES	1	1	.00	.00	.100	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	4	.00	.00	.400	.00	.00
ALL OTHER SERVICES	5	17	.00	.00	1.700	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,082
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 45 MIC - SOC						
AID CODE							
----- MONTHLY AVERAGE -----							
10 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.000	\$	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	1	\$	74.86	\$	74.86	\$	7.49
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	\$	.00
@TOTAL HOSPITAL	3	73	\$	110,432.00	\$	1512.77	\$	36810.67
HOSP INPATIENT TOTAL	3	73		110,432.00		1512.77		36810.67
HSC HOSPITALS	3	73		110,432.00		1512.77		36810.67
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	1	15	\$	18,000.00	\$	1200.00	\$	18000.00
CO HOSPITAL INPATIENT TOTAL	1	15		18,000.00		1200.00		18000.00
HSC HOSPITALS	1	15		18,000.00		1200.00		18000.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

----- MONTHLY AVERAGE -----
10 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	58	\$	92,432.00	\$ 1593.66	5.800	\$ 46216.00	\$ 9243.20
COMM HOSP INPATIENT TOTAL	2	58		92,432.00	1593.66	5.800	46216.00	9243.20
HSC HOSPITALS	2	58		92,432.00	1593.66	5.800	46216.00	9243.20
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	13	\$	931.62	\$	71.66	1.300	\$ 103.51	\$ 93.16
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	9	13		931.62		71.66	1.300	103.51	93.16

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 45 MIC - SOC

AID CODE

----- MONTHLY AVERAGE -----

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7	36	\$ 584.79	\$ 16.24	3.600	\$ 83.54	\$ 58.48
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	22	426.84	19.40	2.200	142.28	42.68
AMBULANCES/AIR TRANS	3	21	426.84	20.33	2.100	142.28	42.68
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	.00	.00	.100	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	16.64	8.32	.200	16.64	1.66
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	12	141.31	11.78	1.200	47.10	14.13
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	16	216	\$ 117,965.90	\$ 546.14	21.600	\$ 7372.87	\$ 11796.59
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

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MONTEREY COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

372 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,126	13,555	\$ 654,729.21	\$ 48.30	36.438	\$ 307.96	\$ 1760.02
@PHYSICIANS SERVICES	128	536	\$ 50,005.05	\$ 93.29	1.441	\$ 390.66	\$ 134.42
OUTPATIENT VISITS	54	59	3,299.22	55.92	.159	61.10	8.87
OFFICE VISITS	23	25	1,533.21	61.33	.067	66.66	4.12
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	18	19	1,227.72	64.62	.051	68.21	3.30
PREVENTIVE CARE	1	1	65.78	65.78	.003	65.78	.18
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	13	14	472.51	33.75	.038	36.35	1.27
INPATIENT VISITS	26	157	23,405.37	149.08	.422	900.21	62.92
HOSPITAL VISITS	22	132	8,087.74	61.27	.355	367.62	21.74
CRITICAL CARE	7	25	15,317.63	612.71	.067	2188.23	41.18
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	161.45	40.36	.011	40.36	.43
EXAMINATIONS	4	4	161.45	40.36	.011	40.36	.43
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	21	148	12,734.03	86.04	.398	606.38	34.23
PRINCIPAL SURGEON	13	26	9,082.78	349.34	.070	698.68	24.42
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	14	122	3,651.25	29.93	.328	260.80	9.82
OUTPATIENT SURGERY	14	55	6,105.02	111.00	.148	436.07	16.41
PRINCIPAL SURGEON	8	18	4,580.99	254.50	.048	572.62	12.31
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	37	1,524.03	41.19	.099	190.50	4.10
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	4	7.21	1.80	.011	3.61	.02
RADIOLOGY	31	45	2,198.99	48.87	.121	70.94	5.91
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	22	64	2,093.76	32.72	.172	95.17	5.63
@PHARMACY	169	1,512	\$ 49,619.70	\$ 32.82	4.065	\$ 293.61	\$ 133.39
PRESCRIPTION DRUGS	155	328	43,743.87	133.37	.882	282.22	117.59
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	155	328	43,743.87	133.37	.882	282.22	117.59
MEDICAL SUPPLIES	30	1,184	5,875.83	4.96	3.183	195.86	15.80
@DENTIST	652	3,832	\$ 106,699.41	\$ 27.84	10.301	\$ 163.65	\$ 286.83
VISITS - DIAGNOSTIC	490	2,375	29,246.40	12.31	6.384	59.69	78.62
ORAL SURGERY	92	188	15,470.00	82.29	.505	168.15	41.59
DRUGS	104	119	2,483.75	20.87	.320	23.88	6.68
ANESTHESIA	15	15	1,175.00	78.33	.040	78.33	3.16
PERIODONTICS	7	7	1,079.00	154.14	.019	154.14	2.90
ENDODONTICS	45	105	7,790.86	74.20	.282	173.13	20.94
RESTORATIVE DENTISTRY	252	930	44,059.40	47.38	2.500	174.84	118.44
PROSTHETICS	1	1	30.00	30.00	.003	30.00	.08
DENTURES, STAYPLATES	2	12	530.00	44.17	.032	265.00	1.42
SPACE MAINTAINERS	6	8	840.00	105.00	.022	140.00	2.26
MAXILLOFACIAL SERVICES	5	7	300.00	42.86	.019	60.00	.81
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	34	42	3,648.00	86.86	.113	107.29	9.81
ALL OTHER SERVICES	11	23	47.00	2.04	.062	4.27	.13

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

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01/17/03

MONTEREY COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

372 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	4	14	\$ 266.18	\$ 19.01	.038	\$ 66.55	\$.72
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.005	47.45	.26
EYE APPLIANCES	4	12	171.28	14.27	.032	42.82	.46
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	14	107	\$ 4,913.65	\$ 45.92	.288	\$ 350.98	\$ 13.21
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	89	666	\$ 276,669.00	\$ 415.42	1.790	\$ 3108.64	\$ 743.73
HOSP INPATIENT TOTAL	13	175	255,510.50	1460.06	.470	19654.65	686.86
HSC HOSPITALS	13	175	255,510.50	1460.06	.470	19654.65	686.86
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	78	491	21,158.50	43.09	1.320	271.26	56.88
MEDICAL	24	61	3,747.08	61.43	.164	156.13	10.07
SURGERY	4	6	622.10	103.68	.016	155.53	1.67
PATHOLOGY	20	149	1,541.59	10.35	.401	77.08	4.14
RADIOLOGY	29	38	4,719.57	124.20	.102	162.74	12.69
ROOM USE	44	60	2,242.50	37.38	.161	50.97	6.03
CROSSOVERS/ALL OTH OUTPTNT	31	177	8,285.66	46.81	.476	267.28	22.27
@COUNTY HOSPITAL TOTAL	22	56	\$ 19,258.32	\$ 343.90	.151	\$ 875.38	\$ 51.77
CO HOSPITAL INPATIENT TOTAL	1	15	18,000.00	1200.00	.040	18000.00	48.39
HSC HOSPITALS	1	15	18,000.00	1200.00	.040	18000.00	48.39
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	21	41	1,258.32	30.69	.110	59.92	3.38
MEDICAL	4	6	273.06	45.51	.016	68.27	.73
SURGERY	1	1	8.71	8.71	.003	8.71	.02
PATHOLOGY	2	7	143.79	20.54	.019	71.90	.39
RADIOLOGY	11	12	355.30	29.61	.032	32.30	.96
ROOM USE	11	11	433.57	39.42	.030	39.42	1.17

372 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	70	610	\$ 257,410.68	\$ 421.98	1.640	\$ 3677.30	\$ 691.96	
COMM HOSP INPATIENT TOTAL	12	160	237,510.50	1484.44	.430	19792.54	638.47	
HSC HOSPITALS	12	160	237,510.50	1484.44	.430	19792.54	638.47	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	60	450	19,900.18	44.22	1.210	331.67	53.50	
MEDICAL	20	55	3,474.02	63.16	.148	173.70	9.34	
SURGERY	3	5	613.39	122.68	.013	204.46	1.65	
PATHOLOGY	18	142	1,397.80	9.84	.382	77.66	3.76	
RADIOLOGY	18	26	4,364.27	167.86	.070	242.46	11.73	
ROOM USE	33	49	1,808.93	36.92	.132	54.82	4.86	
CROSSOVERS/ALL OTH OUTPTNT	28	173	8,241.77	47.64	.465	294.35	22.16	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	8	49	\$ 1,089.94	\$ 22.24	.132	\$ 136.24	\$ 2.93	
HOSPITAL BASED	4	8	250.54	31.32	.022	62.64	.67	
INDEPENDENT FACILITY	4	41	839.40	20.47	.110	209.85	2.26	
@LABORATORY FACILITY	4	7	\$ 105.00	\$ 15.00	.019	\$ 26.25	\$.28	
PATHOLOGY	4	7	105.00	15.00	.019	26.25	.28	
XO AND OTHERS	0	0	.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	1,015	1,591	\$ 122,556.30	\$ 77.03	4.277	\$ 120.75	\$ 329.45	
CLINIC	1	5	45.36	9.07	.013	45.36	.12	
SURGICENTER	0	0	.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	1,014	1,586	122,510.94	77.25	4.263	120.82	329.33	

372 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	210	5,241	\$ 42,804.98	\$ 8.17	14.089	\$ 203.83	\$ 115.07
DURABLE MED. EQUIP.	11	41	9,010.00	219.76	.110	819.09	24.22
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	33	3,654.77	110.75	.089	609.13	9.82
AMBULANCES/AIR TRANS	5	30	579.77	19.33	.081	115.95	1.56
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	3	3,075.00	1025.00	.008	1025.00	8.27
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	38	39	3,391.00	86.95	.105	89.24	9.12
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	68	142	1,205.26	8.49	.382	17.72	3.24
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	11	10,256.53	932.41	.030	2564.13	27.57
PROSTHETICS	4	11	10,256.53	932.41	.030	2564.13	27.57
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	13	854.72	65.75	.035	284.91	2.30
SPEECH AND AUDIOLOGY	5	10	4,791.95	479.20	.027	958.39	12.88
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	77	1,131	9,046.19	8.00	3.040	117.48	24.32
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	3,821	594.56	.16	10.272	118.91	1.60
@CALIF. CHILDREN SERVICES*	160	1,441	\$ 358,561.59	\$ 248.83	3.874	\$ 2241.01	\$ 963.88

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,089
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,090
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,091
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,092
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,093
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	141	319	\$ 46,869.38	\$ 146.93	.000	\$ 332.41	\$.00
@PHYSICIANS SERVICES	7	30	\$ 662.28	\$ 22.08	.000	\$ 94.61	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	4	143.13	35.78	.000	71.57	.00
HOSPITAL VISITS	2	4	143.13	35.78	.000	71.57	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	20	329.60	16.48	.000	329.60	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	20	329.60	16.48	.000	329.60	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	5	5	118.96	23.79	.000	23.79	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	70.59	70.59	.000	70.59	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ 85.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	85.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MOP024							
MONTEREY COUNTY							
MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
FEE-FOR-SERVICE/DENTAL							
SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT							
AID CODE							
----- MONTHLY AVERAGE -----							
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	1 \$	27.10	\$ 27.10	.000	\$ 27.10	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	15	34 \$	28,582.04	\$ 840.65	.000	\$ 1905.47	\$.00
HOSP INPATIENT TOTAL	3	20	28,081.65	1404.08	.000	9360.55	.00
HSC HOSPITALS	2	13	19,435.00	1495.00	.000	9717.50	.00
NON-HSC HOSPITAL TOTAL	1	7	8,646.65	1235.24	.000	8646.65	.00
ACCOMMODATIONS	1	7	4,554.80	650.69	.000	4554.80	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	7	4,554.80	650.69	.000	4554.80	.00
ANCILLARIES	1	0	4,091.85	.00	.000	4091.85	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	12	14	500.39	35.74	.000	41.70	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	10.56	.00	.000	.00	.00
RADIOLOGY	8	10	329.90	32.99	.000	41.24	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	4	159.93	39.98	.000	39.98	.00
@COUNTY HOSPITAL TOTAL	4	6 \$	201.18	\$ 33.53	.000	\$ 50.30	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	6	201.18	33.53	.000	50.30	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	10.56	.00	.000	.00	.00
RADIOLOGY	4	6	187.99	31.33	.000	47.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	2.63	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,095
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	28	\$ 28,380.86	\$ 1013.60	.000	\$ 2580.08
COMM HOSP INPATIENT TOTAL	3	20	28,081.65	1404.08	.000	9360.55
HSC HOSPITALS	2	13	19,435.00	1495.00	.000	9717.50
NON-HSC HOSPITALS TOTAL	1	7	8,646.65	1235.24	.000	8646.65
ACCOMMODATIONS	1	7	4,554.80	650.69	.000	4554.80
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	1	7	4,554.80	650.69	.000	4554.80
ANCILLARIES	1	0	4,091.85	.00	.000	4091.85
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	8	8	299.21	37.40	.000	37.40
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	4	4	141.91	35.48	.000	35.48
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	4	4	157.30	39.33	.000	39.33
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	90	210	\$	15,129.35	\$	72.04	.000	\$ 168.10	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	90	210		15,129.35		72.04	.000	168.10	.00

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT

AID CODE

----- MONTHLY AVERAGE -----

PAGE 8,096 01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	31	44	\$ 2,383.61	\$ 54.17	.000	\$ 76.89	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	27	27	2,076.00	76.89	.000	76.89	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	19.12	9.56	.000	19.12	.00
PHYSICAL THERAPIST	1	1	113.31	113.31	.000	113.31	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	14	175.18	12.51	.000	87.59	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	12	\$ 19,381.05	\$ 1615.09	.000	\$ 9690.53	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,097
	FEE-FOR-SERVICE/DENTAL	01/17/03
	SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	141	319	\$ 46,869.38	\$ 146.93	.000	\$ 332.41	\$.00
@PHYSICIANS SERVICES	7	30	\$ 662.28	\$ 22.08	.000	\$ 94.61	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	4	143.13	35.78	.000	71.57	.00
HOSPITAL VISITS	2	4	143.13	35.78	.000	71.57	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	20	329.60	16.48	.000	329.60	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	20	329.60	16.48	.000	329.60	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	5	5	118.96	23.79	.000	23.79	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	70.59	70.59	.000	70.59	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$ 85.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	85.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,098
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	1	\$	27.10	\$ 27.10	.000	\$ 27.10	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	15	34	\$	28,582.04	\$ 840.65	.000	\$ 1905.47	\$.00
HOSP INPATIENT TOTAL	3	20		28,081.65	1404.08	.000	9360.55	.00
HSC HOSPITALS	2	13		19,435.00	1495.00	.000	9717.50	.00
NON-HSC HOSPITAL TOTAL	1	7		8,646.65	1235.24	.000	8646.65	.00
ACCOMMODATIONS	1	7		4,554.80	650.69	.000	4554.80	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	7		4,554.80	650.69	.000	4554.80	.00
ANCILLARIES	1	0		4,091.85	.00	.000	4091.85	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	12	14		500.39	35.74	.000	41.70	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		10.56	.00	.000	.00	.00
RADIOLOGY	8	10		329.90	32.99	.000	41.24	.00
ROOM USE	0	0		.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	4	4	159.93	39.98	.000	39.98	.00
@COUNTY HOSPITAL TOTAL	4	6	\$ 201.18	\$ 33.53	.000	\$ 50.30	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	6	201.18	33.53	.000	50.30	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	10.56	.00	.000	.00	.00
RADIOLOGY	4	6	187.99	31.33	.000	47.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	2.63	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,099
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	11	28	\$ 28,380.86	\$ 1013.60	.000	\$ 2580.08	\$.00	
COMM HOSP INPATIENT TOTAL	3	20	28,081.65	1404.08	.000	9360.55	.00	
HSC HOSPITALS	2	13	19,435.00	1495.00	.000	9717.50	.00	
NON-HSC HOSPITALS TOTAL	1	7	8,646.65	1235.24	.000	8646.65	.00	
ACCOMMODATIONS	1	7	4,554.80	650.69	.000	4554.80	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1	7	4,554.80	650.69	.000	4554.80	.00	
ANCILLARIES	1	0	4,091.85	.00	.000	4091.85	.00	
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	8	8	299.21	37.40	.000	37.40	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	4	4	141.91	35.48	.000	35.48	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSEOVERS/ALL OTH OUTPTNT	4	4	157.30	39.33	.000	39.33	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	

ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	90	210	\$ 15,129.35	\$ 72.04	.000	\$ 168.10	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	90	210	15,129.35	72.04	.000	168.10	.00

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

PAGE 8,100 01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	31	44	\$ 2,383.61	\$ 54.17	.000	\$ 76.89	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	27	27	2,076.00	76.89	.000	76.89	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	19.12	9.56	.000	19.12	.00
PHYSICAL THERAPIST	1	1	113.31	113.31	.000	113.31	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	14	175.18	12.51	.000	87.59	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	12	\$ 19,381.05	\$ 1615.09	.000	\$ 9690.53	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

PAGE 8,101 01/17/03

MONTEREY COUNTY

SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	27	64	\$ 10,012.52	\$ 156.45	.000	\$ 370.83	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	25	50	\$ 9,765.44	\$ 195.31	.000	\$ 390.62	\$.00
PRESCRIPTION DRUGS	25	50	9,765.44	195.31	.000	390.62	.00
SNF/ICF	20	43	6,174.01	143.58	.000	308.70	.00
OUTPATIENTS	5	7	3,591.43	513.06	.000	718.29	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	3	12	\$ 221.00	\$ 18.42	.000	\$ 73.67	\$.00
VISITS - DIAGNOSTIC	2	11	136.00	12.36	.000	68.00	.00
ORAL SURGERY	1	1	85.00	85.00	.000	85.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

MONTEREY COUNTY

SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSTOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000		.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000		.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000		.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000		.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000		.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

PAGE 8,104
 01/17/03

						AID CODE		----- MONTHLY AVERAGE -----	
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	1	2	\$ 26.08	\$ 13.04	.000	\$ 26.08	\$.00		
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00		
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00		
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00		
OTHER TRANS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00		
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00		
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00		
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00		
OPTICIAN	1	2	26.08	13.04	.000	26.08	.00		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00		
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		
ORTHOTICS	0	0	.00	.00	.000	.00	.00		
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00		
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00		
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00		
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00		
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00		
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00		
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00		

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,105
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT

AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4	6	\$ 1,519.56	\$ 253.26	.000	\$ 379.89	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,106
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	1	\$ 1,200.00	\$ 1200.00	.000	\$ 1200.00	\$.00
HOSP INPATIENT TOTAL	1	1	1,200.00	1200.00	.000	1200.00	.00
HSC HOSPITALS	1	1	1,200.00	1200.00	.000	1200.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	1	1	\$ 1,200.00	\$ 1200.00	.000	\$ 1200.00	\$.00
CO HOSPITAL INPATIENT TOTAL	1	1	1,200.00	1200.00	.000	1200.00	.00
HSC HOSPITALS	1	1	1,200.00	1200.00	.000	1200.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,107
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	4	\$ 254.68	\$ 63.67	.000	\$ 127.34	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	4	254.68	63.67	.000	127.34	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,108
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$ 64.88	\$ 64.88	.000	\$ 64.88	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	9.88	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	9.88	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	55.00	55.00	.000	55.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1	\$	1,200.00	\$	1200.00	.000	\$ 1200.00 \$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$.00 \$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 8,109

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	31	70	\$ 11,532.08	\$ 164.74	.000	\$ 372.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	25	50	\$ 9,765.44	\$ 195.31	.000	\$ 390.62	\$.00
PRESCRIPTION DRUGS	25	50	9,765.44	195.31	.000	390.62	.00
SNF/ICF	20	43	6,174.01	143.58	.000	308.70	.00
OUTPATIENTS	5	7	3,591.43	513.06	.000	718.29	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	3	12	\$ 221.00	\$ 18.42	.000	\$ 73.67	\$.00
VISITS - DIAGNOSTIC	2	11	136.00	12.36	.000	68.00	.00
ORAL SURGERY	1	1	85.00	85.00	.000	85.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,110
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	1	\$ 1,200.00	\$ 1200.00	.000	\$ 1200.00	\$.00
HOSP INPATIENT TOTAL	1	1	1,200.00	1200.00	.000	1200.00	.00
HSC HOSPITALS	1	1	1,200.00	1200.00	.000	1200.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	1	1	\$ 1,200.00	\$ 1200.00	.000	\$ 1200.00	\$.00
CO HOSPITAL INPATIENT TOTAL	1	1	1,200.00	1200.00	.000	1200.00	.00
HSC HOSPITALS	1	1	1,200.00	1200.00	.000	1200.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,111
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
MEDICAL	0	0	.00	.00	.000 .00 .00
SURGERY	0	0	.00	.00	.000 .00 .00
PATHOLOGY	0	0	.00	.00	.000 .00 .00
RADIOLOGY	0	0	.00	.00	.000 .00 .00
ROOM USE	0	0	.00	.00	.000 .00 .00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000 .00 .00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000 .00 .00
DEVELOP. DISABLED	0	0	.00	.00	.000 .00 .00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00 .00
LEV B-REHAB MD	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00 .00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
LEV B-REGULAR	0	0	.00	.00	.000 .00 .00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000 .00 .00
ICF DD	0	0	.00	.00	.000 .00 .00
ICF DDN/DDCN	0	0	.00	.00	.000 .00 .00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00
HEMODIALYSIS CENTER	0	0	.00	.00	.000 .00 .00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	4	\$	254.68	\$ 63.67	.000	\$ 127.34	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	4		254.68	63.67	.000	127.34	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,112
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	3	\$ 90.96	\$ 30.32	.000	\$ 45.48	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	9.88	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	9.88	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	55.00	55.00	.000	55.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.000	26.08	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1	\$ 1,200.00	\$ 1200.00	.000	\$ 1200.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,113
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 53 FOR FUTURE USE	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

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01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,115
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,116
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00
PROSTHETICS	0	0	.00	.00	.000	.00
ORTHOTICS	0	0	.00	.00	.000	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MONTEREY COUNTY

SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	172	389	\$ 58,401.46	\$ 150.13	.000	\$ 339.54	\$.00
@PHYSICIANS SERVICES	7	30	\$ 662.28	\$ 22.08	.000	\$ 94.61	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	4	143.13	35.78	.000	71.57	.00
HOSPITAL VISITS	2	4	143.13	35.78	.000	71.57	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	20	329.60	16.48	.000	329.60	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	20	329.60	16.48	.000	329.60	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	5	5	118.96	23.79	.000	23.79	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	70.59	70.59	.000	70.59	.00
@PHARMACY	25	50	\$ 9,765.44	\$ 195.31	.000	\$ 390.62	\$.00
PRESCRIPTION DRUGS	25	50	9,765.44	195.31	.000	390.62	.00
SNF/ICF	20	43	6,174.01	143.58	.000	308.70	.00
OUTPATIENTS	5	7	3,591.43	513.06	.000	718.29	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	3	12	\$ 306.00	\$ 25.50	.000	\$ 102.00	\$.00
VISITS - DIAGNOSTIC	2	11	136.00	12.36	.000	68.00	.00
ORAL SURGERY	1	1	170.00	170.00	.000	170.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

MONTEREY COUNTY

SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	1	1	\$ 27.10	\$ 27.10	.000		\$ 27.10	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
@TOTAL HOSPITAL	16	35	\$ 29,782.04	\$ 850.92	.000		\$ 1861.38	\$.00
HOSP INPATIENT TOTAL	4	21	29,281.65	1394.36	.000		7320.41	.00
HSC HOSPITALS	3	14	20,635.00	1473.93	.000		6878.33	.00
NON-HSC HOSPITAL TOTAL	1	7	8,646.65	1235.24	.000		8646.65	.00
ACCOMMODATIONS	1	7	4,554.80	650.69	.000		4554.80	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	1	7	4,554.80	650.69	.000		4554.80	.00
ANCILLARIES	1	0	4,091.85	.00	.000		4091.85	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00

HOSP OUTPATIENT TOTAL	12	14	500.39	35.74	.000	41.70	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	10.56	.00	.000	.00	.00
RADIOLOGY	8	10	329.90	32.99	.000	41.24	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	4	159.93	39.98	.000	39.98	.00
@COUNTY HOSPITAL TOTAL	5	7	\$ 1,401.18	\$ 200.17	.000	\$ 280.24	\$.00
CO HOSPITAL INPATIENT TOTAL	1	1	1,200.00	1200.00	.000	1200.00	.00
HSC HOSPITALS	1	1	1,200.00	1200.00	.000	1200.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	6	201.18	33.53	.000	50.30	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	10.56	.00	.000	.00	.00
RADIOLOGY	4	6	187.99	31.33	.000	47.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	2.63	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,119
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS						

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	28	\$ 28,380.86	\$ 1013.60	.000	\$ 2580.08	\$.00
COMM HOSP INPATIENT TOTAL	3	20	28,081.65	1404.08	.000	9360.55	.00
HSC HOSPITALS	2	13	19,435.00	1495.00	.000	9717.50	.00
NON-HSC HOSPITALS TOTAL	1	7	8,646.65	1235.24	.000	8646.65	.00
ACCOMMODATIONS	1	7	4,554.80	650.69	.000	4554.80	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	7	4,554.80	650.69	.000	4554.80	.00
ANCILLARIES	1	0	4,091.85	.00	.000	4091.85	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8	8	299.21	37.40	.000	37.40	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	4	4	141.91	35.48	.000	35.48	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4	4	157.30	39.33	.000	39.33	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	92	214	\$	15,384.03	\$ 71.89	.000	\$ 167.22	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	92	214		15,384.03	71.89	.000	167.22	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,120
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	33	47	\$ 2,474.57	\$ 52.65	.000	\$ 74.99	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	9.88	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	9.88	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	28	28	2,131.00	76.11	.000	76.11	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	45.20	11.30	.000	22.60	.00
PHYSICAL THERAPIST	1	1	113.31	113.31	.000	113.31	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	14	175.18	12.51	.000	87.59	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	13	\$ 20,581.05	\$ 1583.16	.000	\$ 6860.35	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,121
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 MONTEREY COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

161 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,900	30,163	\$ 1,818,831.05	\$ 60.30	187.348	\$ 230.23	\$ 11297.09
@PHYSICIANS SERVICES	35	163	\$ 4,991.30	\$ 30.62	1.012	\$ 142.61	\$ 31.00
OUTPATIENT VISITS	9	14	731.09	52.22	.087	81.23	4.54
OFFICE VISITS	4	6	269.20	44.87	.037	67.30	1.67
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	7	442.69	63.24	.043	88.54	2.75
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	19.20	19.20	.006	19.20	.12
INPATIENT VISITS	13	68	2,857.05	42.02	.422	219.77	17.75
HOSPITAL VISITS	7	57	2,209.45	38.76	.354	315.64	13.72
CRITICAL CARE	1	5	482.60	96.52	.031	482.60	3.00
SNF/ICF/TRANS IP CARE	6	6	165.00	27.50	.037	27.50	1.02
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	2	101.46	50.73	.012	101.46	.63
PRINCIPAL SURGEON	1	2	101.46	50.73	.012	101.46	.63
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	10	70.56	7.06	.062	23.52	.44
RADIOLOGY	2	10	181.56	18.16	.062	90.78	1.13
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	19	59	1,049.58	17.79	.366	55.24	6.52
@PHARMACY	2,096	6,688	\$ 401,314.85	\$ 60.01	41.540	\$ 191.47	\$ 2492.64
PRESCRIPTION DRUGS	2,091	3,300	400,526.29	121.37	20.497	191.55	2487.74
SNF/ICF	1,168	1,962	232,935.85	118.72	12.186	199.43	1446.81
OUTPATIENTS	930	1,338	167,590.44	125.25	8.311	180.20	1040.93
MEDICAL SUPPLIES	9	3,388	788.56	.23	21.043	87.62	4.90
@DENTIST	2,557	10,032	\$ 525,112.76	\$ 52.34	62.311	\$ 205.36	\$ 3261.57
VISITS - DIAGNOSTIC	1,738	5,918	81,133.86	13.71	36.758	46.68	503.94
ORAL SURGERY	375	1,157	56,247.00	48.61	7.186	149.99	349.36
DRUGS	1	1	15.00	15.00	.006	15.00	.09
ANESTHESIA	31	34	2,711.00	79.74	.211	87.45	16.84
PERIODONTICS	139	138	22,340.00	161.88	.857	160.72	138.76
ENDODONTICS	94	142	31,436.00	221.38	.882	334.43	195.25
RESTORATIVE DENTISTRY	504	1,406	128,995.25	91.75	8.733	255.94	801.21
PROSTHETICS	15	18	492.50	27.36	.112	32.83	3.06
DENTURES, STAYPLATES	487	1,189	201,642.15	169.59	7.385	414.05	1252.44
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	1	1	100.00	100.00	.006	100.00	.62
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	28	28	.00	.00	.174	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,122
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

161 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	11	\$ 250.52	\$ 22.77	.068	\$ 41.75	\$ 1.56
DIAGNOSTIC AND ANC. PROCED	2	2	32.59	16.30	.012	16.30	.20
EYE APPLIANCES	3	9	149.03	16.56	.056	49.68	.93
OTHER OPTOMETRIC SERVICES	1	0	68.90	.00	.000	68.90	.43
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	23	149	\$ 61,222.35	\$ 410.89	.925	\$ 2661.84	\$ 380.26
HOSP INPATIENT TOTAL	13	133	60,288.98	453.30	.826	4637.61	374.47
HSC HOSPITALS	4	46	48,500.00	1054.35	.286	12125.00	301.24
NON-HSC HOSPITAL TOTAL	1	1	513.82	513.82	.006	513.82	3.19
ACCOMMODATIONS	1	1	139.33	139.33	.006	139.33	.87
ADMINISTRATIVE DAYS	1	1	139.33	139.33	.006	139.33	.87
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	374.49	.00	.000	374.49	2.33
INPATIENT CROSSOVERS	8	86	11,275.16	131.11	.534	1409.40	70.03
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	16	933.37	58.34	.099	93.34	5.80
MEDICAL	1	1	53.45	53.45	.006	53.45	.33
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	13	174.98	13.46	.081	58.33	1.09
RADIOLOGY	2	3	129.81	43.27	.019	64.91	.81
ROOM USE	3	3	130.21	43.40	.019	43.40	.81
CROSSOVERS/ALL OTH OUTPTNT	4	4CR	444.92	111.23CR	.025CR	111.23	2.76
@COUNTY HOSPITAL TOTAL	10	54	\$ 39,067.29	\$ 723.47	.335	\$ 3906.73	\$ 242.65
CO HOSPITAL INPATIENT TOTAL	6	46	38,769.22	842.81	.286	6461.54	240.80
HSC HOSPITALS	3	34	37,100.00	1091.18	.211	12366.67	230.43
NON-HSC HOSPITALS TOTAL	1	1	606.16	606.16	.006	606.16	3.76
ACCOMMODATIONS	1	1	230.29	230.29	.006	230.29	1.43
ADMINISTRATIVE DAYS	1	1	230.29	230.29	.006	230.29	1.43
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	375.87	.00	.000	375.87	2.33
INPATIENT CROSSOVERS	2	11	1,063.06	96.64	.068	531.53	6.60
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	4	8	298.07	37.26	.050	74.52	1.85
MEDICAL	1	1	31.28	31.28	.006	31.28	.19
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	42.05	14.02	.019	42.05	.26
RADIOLOGY	1	2	54.57	27.29	.012	54.57	.34
ROOM USE	2	2	66.22	33.11	.012	33.11	.41
CROSSOVERS/ALL OTH OUTPTNT	0	0	103.95	.00	.000	.00	.65

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,123
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

161 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	95 \$	22,155.06	\$ 233.21	.590	\$ 1704.24	\$ 137.61
COMM HOSP INPATIENT TOTAL	7	87	21,519.76	247.35	.540	3074.25	133.66
HSC HOSPITALS	1	12	11,400.00	950.00	.075	11400.00	70.81
NON-HSC HOSPITALS TOTAL	0	0	92.34CR	.00	.000	.00	.57CR
ACCOMMODATIONS	0	0	90.96CR	.00	.000	.00	.56CR
ADMINISTRATIVE DAYS	0	0	90.96CR	.00	.000	.00	.56CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	1.38CR	.00	.000	.00	.01CR
INPATIENT CROSSOVERS	6	75	10,212.10	136.16	.466	1702.02	63.43
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	8	635.30	79.41	.050	105.88	3.95
MEDICAL	0	0	22.17	.00	.000	.00	.14
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	10	132.93	13.29	.062	66.47	.83
RADIOLOGY	1	1	75.24	75.24	.006	75.24	.47
ROOM USE	1	1	63.99	63.99	.006	63.99	.40
CROSSOVERS/ALL OTH OUTPTNT	4	4CR	340.97	85.24CR	.025CR	85.24	2.12
@STATE HOSPITAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	14	365	\$	41,140.37	\$ 112.71	2.267	\$ 2938.60	\$ 255.53
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	14	365		41,140.37	112.71	2.267	2938.60	255.53
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	1	3CR	\$	4,257.55	\$ 1419.18CR	.019CR	\$ 4257.55	\$ 26.44
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	1	3CR		4,257.55	1419.18CR	.019CR	4257.55	26.44
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	6	\$	87.83	\$ 14.64	.037	\$ 43.92	\$.55
PATHOLOGY	2	9		98.05	10.89	.056	49.03	.61
XO AND OTHERS	0	3CR		10.22CR	3.41	.019CR	.00	.06CR
@ORGANIZED OUTPATIENT CLINIC	1,515	2,375	\$	175,638.54	\$ 73.95	14.752	\$ 115.93	\$ 1090.92
CLINIC	7	179		3,429.31	19.16	1.112	489.90	21.30
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,512	2,196		172,209.23	78.42	13.640	113.89	1069.62

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,124
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

161 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,133	10,377	\$ 604,814.98	\$ 58.28	64.453	\$ 283.55	\$ 3756.61
DURABLE MED. EQUIP.	1	2	98.83	49.42	.012	98.83	.61
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	17	348.89	20.52	.106	116.30	2.17
AMBULANCES/AIR TRANS	2	14	310.51	22.18	.087	155.26	1.93
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	3	38.38	12.79	.019	38.38	.24
ACUPUNCTURE	2	12	205.45	17.12	.075	102.73	1.28
ADULT DAY HEALTH CARE CTR	138	2,110	139,015.05	65.88	13.106	1007.36	863.45
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	995	5,553	432,943.04	77.97	34.491	435.12	2689.09
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,029	2,197	27,717.76	12.62	13.646	26.94	172.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	52.70	52.70	.006	52.70	.33
HOSPICE SERVICES	1	30	3,142.80	104.76	.186	3142.80	19.52
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	2	3	29.49	9.83	.019	14.75	.18
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	17	452	1,260.97	2.79	2.807	74.17	7.83
@CALIF. CHILDREN SERVICES*	0	5CR	\$ 275.27CR	\$ 55.05	.031CR\$	.00	\$ 1.71CR
@XOVER EXCLUDING STATE HOSP**	46	85	\$ 18,466.97	\$ 217.26	.528	\$ 401.46	\$ 114.70

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,125
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 56 ALL BLIND	

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	480	5,599	\$ 225,487.08	\$ 40.27	559.900	\$ 469.76	\$ 22548.71
@PHYSICIANS SERVICES	34	61	\$ 4,164.70	\$ 68.27	6.100	\$ 122.49	\$ 416.47
OUTPATIENT VISITS	18	20	1,386.40	69.32	2.000	77.02	138.64
OFFICE VISITS	8	8	767.70	95.96	.800	95.96	76.77
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	186.93	62.31	.300	62.31	18.69
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	9	431.77	47.97	.900	53.97	43.18
INPATIENT VISITS	1	1	111.56	111.56	.100	111.56	11.16
HOSPITAL VISITS	1	1	111.56	111.56	.100	111.56	11.16
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	6	376.30	62.72	.600	62.72	37.63
EXAMINATIONS	6	6	376.30	62.72	.600	62.72	37.63
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	9	186.46	20.72	.900	186.46	18.65
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	9	186.46	20.72	.900	186.46	18.65
OUTPATIENT SURGERY	5	9	1,700.89	188.99	.900	340.18	170.09
PRINCIPAL SURGEON	4	7	1,573.27	224.75	.700	393.32	157.33
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2	127.62	63.81	.200	127.62	12.76
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	23.21	23.21	.100	23.21	2.32
RADIOLOGY	6	9	60.45	6.72	.900	10.08	6.05
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	6	319.43	53.24	.600	79.86	31.94
@PHARMACY	168	2,376	\$ 67,389.01	\$ 28.36	237.600	\$ 401.13	\$ 6738.90
PRESCRIPTION DRUGS	149	251	59,728.03	237.96	25.100	400.86	5972.80
SNF/ICF	7	8	1,045.80	130.73	.800	149.40	104.58
OUTPATIENTS	144	243	58,682.23	241.49	24.300	407.52	5868.22
MEDICAL SUPPLIES	39	2,125	7,660.98	3.61	212.500	196.44	766.10
@DENTIST	97	454	\$ 19,743.94	\$ 43.49	45.400	\$ 203.55	\$ 1974.39
VISITS - DIAGNOSTIC	71	291	4,107.34	14.11	29.100	57.85	410.73
ORAL SURGERY	13	28	1,198.00	42.79	2.800	92.15	119.80
DRUGS	4	6	150.00	25.00	.600	37.50	15.00
ANESTHESIA	5	4	100.00	25.00	.400	20.00	10.00

PERIODONTICS	5	7	1,400.00	200.00	.700	280.00	140.00
ENDODONTICS	2	2	286.00	143.00	.200	143.00	28.60
RESTORATIVE DENTISTRY	20	80	6,414.00	80.18	8.000	320.70	641.40
PROSTHETICS	1	1	30.00	30.00	.100	30.00	3.00
DENTURES, STAYPLATES	9	32	6,023.60	188.24	3.200	669.29	602.36
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.100	35.00	3.50
ALL OTHER SERVICES	2	2	.00	.00	.200	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,126
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 56 ALL BLIND						

10 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2		4 \$	97.91	\$ 24.48	.400	\$ 48.96	\$ 9.79
DIAGNOSTIC AND ANC. PROCED	0		0	.00	.00	.000	.00	.00
EYE APPLIANCES	2		4	97.91	24.48	.400	48.96	9.79
OTHER OPTOMETRIC SERVICES	0		0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0		0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
@PODIATRIST	0		0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0	.00	.00	.000	.00	.00
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00
OTHER	0		0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	14		1,704 \$	50,583.89	\$ 29.69	170.400	\$ 3613.14	\$ 5058.39
NURSE ANESTHESIST	0		0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	28		106 \$	7,773.18	\$ 73.33	10.600	\$ 277.61	\$ 777.32
HOSP INPATIENT TOTAL	2		8	4,606.26	575.78	.800	2303.13	460.63
HSC HOSPITALS	1		7	2,122.40	303.20	.700	2122.40	212.24
NON-HSC HOSPITAL TOTAL	1		1	2,483.86	2483.86	.100	2483.86	248.39
ACCOMMODATIONS	1		1	782.59	782.59	.100	782.59	78.26
ADMINISTRATIVE DAYS	0		0	6.74	.00	.000	.00	.67
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1		1	775.85	775.85	.100	775.85	77.59
ANCILLARIES	1		0	1,701.27	.00	.000	1701.27	170.13
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	26		98	3,166.92	32.32	9.800	121.80	316.69
MEDICAL	7		8	594.10	74.26	.800	84.87	59.41
SURGERY	1		1	120.18	120.18	.100	120.18	12.02
PATHOLOGY	6		34	702.10	20.65	3.400	117.02	70.21
RADIOLOGY	5		7	354.37	50.62	.700	70.87	35.44
ROOM USE	19		23	738.46	32.11	2.300	38.87	73.85
CROSSOVERS/ALL OTH OUTPTNT	9		25	657.71	26.31	2.500	73.08	65.77
@COUNTY HOSPITAL TOTAL	1		1 \$	38.62	\$ 38.62	.100	\$ 38.62	\$ 3.86
CO HOSPITAL INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	38.62	38.62	.100	38.62	3.86
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.99	35.99	.100	35.99	3.60
CROSSOVERS/ALL OTH OUTPTNT	0	0	2.63	.00	.000	.00	.26

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MONTEREY COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27	105	\$ 7,734.56	\$ 73.66	10.500 \$ 286.47 \$ 773.46
COMM HOSP INPATIENT TOTAL	2	8	4,606.26	575.78	.800 2303.13 460.63
HSC HOSPITALS	1	7	2,122.40	303.20	.700 2122.40 212.24
NON-HSC HOSPITALS TOTAL	1	1	2,483.86	2483.86	.100 2483.86 248.39
ACCOMMODATIONS	1	1	782.59	782.59	.100 782.59 78.26
ADMINISTRATIVE DAYS	0	0	6.74	.00	.000 .00 .67
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	1	1	775.85	775.85	.100 775.85 77.59
ANCILLARIES	1	0	1,701.27	.00	.000 1701.27 170.13
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	25	97	3,128.30	32.25	9.700 125.13 312.83
MEDICAL	7	8	594.10	74.26	.800 84.87 59.41
SURGERY	1	1	120.18	120.18	.100 120.18 12.02
PATHOLOGY	6	34	702.10	20.65	3.400 117.02 70.21
RADIOLOGY	5	7	354.37	50.62	.700 70.87 35.44
ROOM USE	18	22	702.47	31.93	2.200 39.03 70.25
CROSSOVERS/ALL OTH OUTPTNT	9	25	655.08	26.20	2.500 72.79 65.51
@STATE HOSPITAL	0	0	.00	.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000 .00 .00
DEVELOP. DISABLED	0	0	.00	.00	.000 .00 .00
@NURSING FACILITY	0	0	.00	.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00 .00
LEV B-REHAB MD	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00 .00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
LEV B-REGULAR	0	0	.00	.00	.000 .00 .00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000 .00 .00
ICF DD	0	0	.00	.00	.000 .00 .00
ICF DDN/DDCN	0	0	.00	.00	.000 .00 .00
@HEMODIALYSIS TOTAL	0	0	\$ 8,895.87	\$.00	.000 \$.00 \$ 889.59
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00
HEMODIALYSIS CENTER	0	0	8,895.87	.00	.000 .00 889.59
@REHABILITATION FACILITY	1	3	\$ 133.52	\$ 44.51	.300 \$ 133.52 \$ 13.35
HOSPITAL BASED	1	3	133.52	44.51	.300 133.52 13.35

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	2	\$	47.56	\$	23.78	.200	\$ 23.78	\$ 4.76
PATHOLOGY	2	2		47.56		23.78	.200	23.78	4.76
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	145	220	\$	16,118.12	\$	73.26	22.000	\$ 111.16	\$ 1611.81
CLINIC	1	2		224.00		112.00	.200	224.00	22.40
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	144	218		15,894.12		72.91	21.800	110.38	1589.41
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 8,128
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 56 ALL BLIND								

	10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	76		669	\$ 50,539.38	\$ 75.54	66.900	\$ 664.99	\$ 5053.94
DURABLE MED. EQUIP.	9		35	11,290.98	322.60	3.500	1254.55	1129.10
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0		0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0		0	.00	.00	.000	.00	.00
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	15		301	19,645.97	65.27	30.100	1309.73	1964.60
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	35		249	17,470.48	70.16	24.900	499.16	1747.05
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	16		40	537.50	13.44	4.000	33.59	53.75
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2		20	1,397.41	69.87	2.000	698.71	139.74

PROSTHETICS	2	20		1,397.41	69.87	2.000	698.71	139.74
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	24		197.04	8.21	2.400	39.41	19.70
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	115	4,175	\$	125,523.16	\$ 30.07	417.500	\$ 1091.51	\$ 12552.32
@XOVER EXCLUDING STATE HOSP**	1	1	\$	8,913.08	\$ 8913.08	.100	\$ 8913.08	\$ 891.31

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 MONTEREY COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

504 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	24,230	225,383	\$ 12,240,906.71	\$ 54.31	447.188	\$ 505.20	\$ 24287.51
@PHYSICIANS SERVICES	1,341	6,249	\$ 399,465.37	\$ 63.92	12.399	\$ 297.89	\$ 792.59
OUTPATIENT VISITS	702	952	53,267.41	55.95	1.889	75.88	105.69
OFFICE VISITS	294	369	18,553.81	50.28	.732	63.11	36.81
HOME VISITS	1	1	37.42	37.42	.002	37.42	.07
EMERGENCY ROOM	189	222	18,132.80	81.68	.440	95.94	35.98
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	256	360	16,543.38	45.95	.714	64.62	32.82
INPATIENT VISITS	221	1,428	106,421.09	74.52	2.833	481.54	211.15
HOSPITAL VISITS	207	1,254	81,179.33	64.74	2.488	392.17	161.07
CRITICAL CARE	36	172	25,155.96	146.26	.341	698.78	49.91
SNF/ICF/TRANS IP CARE	2	2	85.80	42.90	.004	42.90	.17
OPHTHALMOLOGICAL SERVICES	20	24	1,332.58	55.52	.048	66.63	2.64
EXAMINATIONS	20	24	1,332.58	55.52	.048	66.63	2.64
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	111	1,146	112,449.93	98.12	2.274	1013.06	223.11
PRINCIPAL SURGEON	68	118	90,230.72	764.67	.234	1326.92	179.03
ASSISTANT SURGEON	7	7	2,494.86	356.41	.014	356.41	4.95
ANESTHESIOLOGIST	56	1,021	19,724.35	19.32	2.026	352.22	39.14
OUTPATIENT SURGERY	179	721	48,661.26	67.49	1.431	271.85	96.55
PRINCIPAL SURGEON	106	162	29,050.81	179.33	.321	274.06	57.64
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	85	559	19,610.45	35.08	1.109	230.71	38.91
DIALYSIS	6	41	1,898.10	46.30	.081	316.35	3.77
PATHOLOGY	54	167	5,077.92	30.41	.331	94.04	10.08
RADIOLOGY	346	638	24,264.02	38.03	1.266	70.13	48.14
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	141	3,666.84	26.01	.280	366.68	7.28
OTHER SERVICES/ALL X-OVERS	381	991	42,426.22	42.81	1.966	111.35	84.18
@PHARMACY	11,721	59,003	\$ 5,867,682.50	\$ 99.45	117.069	\$ 500.61	\$ 11642.23
PRESCRIPTION DRUGS	11,484	26,753	5,013,763.70	187.41	53.081	436.59	9947.94
SNF/ICF	677	2,183	355,914.78	163.04	4.331	525.72	706.18
OUTPATIENTS	10,850	24,570	4,657,848.92	189.57	48.750	429.29	9241.76

MEDICAL SUPPLIES	598	32,250		853,918.80		26.48	63.988	1427.96	1694.28
@DENTIST	5,644	26,359	\$	1,098,434.38	\$	41.67	52.300	\$ 194.62	\$ 2179.43
VISITS - DIAGNOSTIC	3,862	16,125		208,640.09		12.94	31.994	54.02	413.97
ORAL SURGERY	812	2,442		126,444.47		51.78	4.845	155.72	250.88
DRUGS	93	100		2,021.00		20.21	.198	21.73	4.01
ANESTHESIA	104	112		9,488.85		84.72	.222	91.24	18.83
PERIODONTICS	381	417		68,215.25		163.59	.827	179.04	135.35
ENDODONTICS	345	516		93,123.98		180.47	1.024	269.92	184.77
RESTORATIVE DENTISTRY	1,661	4,975		396,193.50		79.64	9.871	238.53	786.10
PROSTHETICS	46	52		1,115.00		21.44	.103	24.24	2.21
DENTURES, STAYPLATES	479	1,452		188,399.01		129.75	2.881	393.32	373.81
SPACE MAINTAINERS	2	2		120.00		60.00	.004	60.00	.24
MAXILLOFACIAL SERVICES	19	25		1,133.23		45.33	.050	59.64	2.25
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	46	55		3,540.00		64.36	.109	76.96	7.02
ALL OTHER SERVICES	72	86		.00		.00	.171	.00	.00
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MOP024				FEE-FOR-SERVICE/DENTAL					01/17/03
MONTEREY COUNTY				SUMMARY OF SERVICES FOR 57 ALL DISABLED					

504 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	4	\$ 100.56	\$ 25.14	.008	\$ 50.28	\$.20
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.002	47.45	.09
EYE APPLIANCES	1	3	53.11	17.70	.006	53.11	.11
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	11	22	\$ 902.57	\$ 41.03	.044	\$ 82.05	\$ 1.79
MEDICINE/INJECTIONS	10	21	877.47	41.78	.042	87.75	1.74
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	25.10	25.10	.002	25.10	.05
@HOME HEALTH AGENCY	95	4,024	\$ 141,650.25	\$ 35.20	7.984	\$ 1491.06	\$ 281.05
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,190	9,451	\$ 2,679,081.72	\$ 283.47	18.752	\$ 2251.33	\$ 5315.64
HOSP INPATIENT TOTAL	258	2,012	2,360,613.32	1173.27	3.992	9149.66	4683.76
HSC HOSPITALS	194	1,350	2,158,241.20	1598.70	2.679	11124.95	4282.22
NON-HSC HOSPITAL TOTAL	11	73	152,804.60	2093.21	.145	13891.33	303.18
ACCOMMODATIONS	11	73	59,221.89	811.26	.145	5383.81	117.50
ADMINISTRATIVE DAYS	1	9	665.59	73.95	.018	665.59	1.32
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	64	58,556.30	914.94	.127	5855.63	116.18
ANCILLARIES	11	0	93,582.71	.00	.000	8507.52	185.68
INPATIENT CROSSOVERS	55	589	49,567.52	84.16	1.169	901.23	98.35
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	998	7,439	318,468.40	42.81	14.760	319.11	631.88
MEDICAL	287	614	41,873.78	68.20	1.218	145.90	83.08
SURGERY	79	99	6,112.82	61.75	.196	77.38	12.13
PATHOLOGY	418	3,470	33,460.07	9.64	6.885	80.05	66.39
RADIOLOGY	263	467	87,823.35	188.06	.927	333.93	174.25
ROOM USE	620	956	37,100.61	38.81	1.897	59.84	73.61

CROSSOVERS/ALL OTH OUTPTNT	369	1,833		112,097.77	61.16	3.637	303.79	222.42
@COUNTY HOSPITAL TOTAL	279	1,576	\$	526,805.06	\$ 334.27	3.127	\$ 1888.19	\$ 1045.25
CO HOSPITAL INPATIENT TOTAL	111	865		500,245.87	578.32	1.716	4506.72	992.55
HSC HOSPITALS	72	380		456,304.00	1200.80	.754	6337.56	905.37
NON-HSC HOSPITALS TOTAL	1	9		4,459.73	495.53	.018	4459.73	8.85
ACCOMMODATIONS	1	9		1,842.44	204.72	.018	1842.44	3.66
ADMINISTRATIVE DAYS	1	9		1,842.44	204.72	.018	1842.44	3.66
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	1	0		2,617.29	.00	.000	2617.29	5.19
INPATIENT CROSSOVERS	39	476		39,482.14	82.95	.944	1012.36	78.34
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	171	711		26,559.19	37.35	1.411	155.32	52.70
MEDICAL	22	32		2,244.56	70.14	.063	102.03	4.45
SURGERY	3	4		261.91	65.48	.008	87.30	.52
PATHOLOGY	78	330		2,618.77	7.94	.655	33.57	5.20
RADIOLOGY	47	57		8,555.77	150.10	.113	182.04	16.98
ROOM USE	101	134		5,209.22	38.87	.266	51.58	10.34
CROSSOVERS/ALL OTH OUTPTNT	67	154		7,668.96	49.80	.306	114.46	15.22

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

						----- MONTHLY AVERAGE -----		
504 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	939	7,875	\$	2,152,276.66	\$ 273.30	15.625	\$ 2292.09	\$ 4270.39
COMM HOSP INPATIENT TOTAL	151	1,147		1,860,367.45	1621.94	2.276	12320.31	3691.21
HSC HOSPITALS	126	970		1,701,937.20	1754.57	1.925	13507.44	3376.86
NON-HSC HOSPITALS TOTAL	10	64		148,344.87	2317.89	.127	14834.49	294.34
ACCOMMODATIONS	10	64		57,379.45	896.55	.127	5737.95	113.85
ADMINISTRATIVE DAYS	0	0		1,176.85CR	.00	.000	.00	2.34CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	10	64		58,556.30	914.94	.127	5855.63	116.18
ANCILLARIES	10	0		90,965.42	.00	.000	9096.54	180.49
INPATIENT CROSSOVERS	16	113		10,085.38	89.25	.224	630.34	20.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	847	6,728		291,909.21	43.39	13.349	344.64	579.18
MEDICAL	267	582		39,629.22	68.09	1.155	148.42	78.63
SURGERY	76	95		5,850.91	61.59	.188	76.99	11.61
PATHOLOGY	343	3,140		30,841.30	9.82	6.230	89.92	61.19
RADIOLOGY	220	410		79,267.58	193.34	.813	360.31	157.28
ROOM USE	528	822		31,891.39	38.80	1.631	60.40	63.28
CROSSOVERS/ALL OTH OUTPTNT	310	1,679		104,428.81	62.20	3.331	336.87	207.20
@STATE HOSPITAL	11	354	\$	200,755.68	\$ 567.11	.702	\$ 18250.52	\$ 398.32
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	11	354		200,755.68	567.11	.702	18250.52	398.32
@NURSING FACILITY	9	145	\$	22,271.48	\$ 153.60	.288	\$ 2474.61	\$ 44.19
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	9	145		22,271.48	153.60	.288	2474.61	44.19
@INTERMEDIATE CARE FACIL.-DD	1	31	\$	4,595.17	\$ 148.23	.062	\$ 4595.17	\$ 9.12
ICF DDH	1	31		4,595.17	148.23	.062	4595.17	9.12
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	14	505	\$ 85,188.82	\$ 168.69	1.002	\$ 6084.92	\$ 169.03
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	14	505	85,188.82	168.69	1.002	6084.92	169.03
@REHABILITATION FACILITY	54	595	\$ 18,701.46	\$ 31.43	1.181	\$ 346.32	\$ 37.11
HOSPITAL BASED	35	85	12,824.21	150.87	.169	366.41	25.44
INDEPENDENT FACILITY	20	510	5,877.25	11.52	1.012	293.86	11.66
@LABORATORY FACILITY	31	118	\$ 1,614.26	\$ 13.68	.234	\$ 52.07	\$ 3.20
PATHOLOGY	31	118	1,614.26	13.68	.234	52.07	3.20
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5,028	7,406	\$ 574,452.60	\$ 77.57	14.694	\$ 114.25	\$ 1139.79
CLINIC	1	1	162.05	162.05	.002	162.05	.32
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	7	119	1,376.32	11.57	.236	196.62	2.73
RURAL HEALTH CLINIC	5,020	7,286	572,914.23	78.63	14.456	114.13	1136.73
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MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 57 ALL DISABLED						

504 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2,965	111,117	\$ 1,146,009.89	\$ 10.31	220.470	\$ 386.51	\$ 2273.83
DURABLE MED. EQUIP.	292	1,172	348,843.63	297.65	2.325	1194.67	692.15
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	67	302	27,302.27	90.40	.599	407.50	54.17
MEDICAL TRANSPORTATION	40	2,116	25,293.85	11.95	4.198	632.35	50.19
AMBULANCES/AIR TRANS	34	2,093	18,425.79	8.80	4.153	541.94	36.56
OTHER TRANS	1	6	40.50	6.75	.012	40.50	.08
OTHER SERVICES	8	17	6,827.56	401.62	.034	853.45	13.55
ACUPUNCTURE	1	1	16.22	16.22	.002	16.22	.03
ADULT DAY HEALTH CARE CTR	52	934	61,030.19	65.34	1.853	1173.66	121.09
GENETIC DISEASE TESTING	18	18	1,463.00	81.28	.036	81.28	2.90
IHMC, MODEL-NF, NF, AIDS, MSSP	510	9,391	409,646.43	43.62	18.633	803.23	812.79
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,490	3,231	38,046.62	11.78	6.411	25.53	75.49
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	98.94	24.74	.008	49.47	.20
PROSTHETIST/ORTHOTISTS	54	476	57,643.44	121.10	.944	1067.47	114.37
PROSTHETICS	54	476	57,643.44	121.10	.944	1067.47	114.37
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	10	22	1,120.68	50.94	.044	112.07	2.22
SPEECH AND AUDIOLOGY	5	11	484.47	44.04	.022	96.89	.96
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	369	6,782	43,591.28	6.43	13.456	118.13	86.49
EPSDT SUPPLEMENTAL SERVICE	24	3,131	109,625.14	35.01	6.212	4567.71	217.51
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	107	83,526	21,803.73	.26	165.726	203.77	43.26
@CALIF. CHILDREN SERVICES*	2,709	117,258	\$ 5,082,825.25	\$ 43.35	232.655	\$ 1876.27	\$ 10084.97
@XOVER EXCLUDING STATE HOSP**	120	777	\$ 130,946.56	\$ 168.53	1.542	\$ 1091.22	\$ 259.81

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,133
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MONTEREY COUNTY

SUMMARY OF SERVICES FOR 58 ALL FAMILIES

101,289 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	93,398	340,260	\$ 24,473,760.44	\$ 71.93	3.359	\$ 262.04	\$ 241.62
@PHYSICIANS SERVICES	7,573	23,517	\$ 2,094,622.90	\$ 89.07	.232	\$ 276.59	\$ 20.68
OUTPATIENT VISITS	3,527	6,178	262,911.96	42.56	.061	74.54	2.60
OFFICE VISITS	634	783	37,661.21	48.10	.008	59.40	.37
HOME VISITS	6	6	281.24	46.87	.000	46.87	.00
EMERGENCY ROOM	1,597	1,739	91,050.56	52.36	.017	57.01	.90
PREVENTIVE CARE	5	5	236.15	47.23	.000	47.23	.00
OB VISITS/COMPRE PERI	1,007	3,164	115,131.67	36.39	.031	114.33	1.14
OTHER OUTPATIENT	428	481	18,551.13	38.57	.005	43.34	.18
INPATIENT VISITS	1,591	5,687	512,990.54	90.20	.056	322.43	5.06
HOSPITAL VISITS	1,388	3,576	170,461.70	47.67	.035	122.81	1.68
CRITICAL CARE	312	2,110	342,501.34	162.32	.021	1097.76	3.38
SNF/ICF/TRANS IP CARE	1	1	27.50	27.50	.000	27.50	.00
OPHTHALMOLOGICAL SERVICES	42	61	3,380.39	55.42	.001	80.49	.03
EXAMINATIONS	42	61	3,380.39	55.42	.001	80.49	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,283	3,748	664,975.15	177.42	.037	518.30	6.57
PRINCIPAL SURGEON	1,028	1,141	579,411.15	507.81	.011	563.63	5.72
ASSISTANT SURGEON	78	79	13,919.12	176.19	.001	178.45	.14
ANESTHESIOLOGIST	305	2,528	71,644.88	28.34	.025	234.90	.71
OUTPATIENT SURGERY	469	1,078	97,314.59	90.27	.011	207.49	.96
PRINCIPAL SURGEON	410	536	81,076.24	151.26	.005	197.75	.80
ASSISTANT SURGEON	1	1	148.92	148.92	.000	148.92	.00
ANESTHESIOLOGIST	142	541	16,089.43	29.74	.005	113.31	.16
DIALYSIS	11	56	3,592.46	64.15	.001	326.59	.04
PATHOLOGY	696	1,222	22,756.77	18.62	.012	32.70	.22
RADIOLOGY	2,088	3,062	104,295.90	34.06	.030	49.95	1.03
PSYCHIATRY	1	3	130.26	43.42	.000	130.26	.00

IMMUNIZATION AND INJECTION	132	320		3,989.24		12.47	.003	30.22	.04
OTHER SERVICES/ALL X-OVERS	1,056	2,102		418,285.64		198.99	.021	396.10	4.13
@PHARMACY	6,107	14,195	\$	951,981.60	\$	67.06	.140	\$ 155.88	\$ 9.40
PRESCRIPTION DRUGS	5,930	10,865		664,414.90		61.15	.107	112.04	6.56
SNF/ICF	8	14		946.23		67.59	.000	118.28	.01
OUTPATIENTS	5,923	10,851		663,468.67		61.14	.107	112.02	6.55
MEDICAL SUPPLIES	452	3,330		287,566.70		86.36	.033	636.21	2.84
@DENTIST	26,953	153,439	\$	4,658,174.43	\$	30.36	1.515	\$ 172.83	\$ 45.99
VISITS - DIAGNOSTIC	19,535	96,912		1,207,498.44		12.46	.957	61.81	11.92
ORAL SURGERY	3,540	6,808		403,337.24		59.24	.067	113.94	3.98
DRUGS	4,203	4,729		107,729.83		22.78	.047	25.63	1.06
ANESTHESIA	297	313		28,125.00		89.86	.003	94.70	.28
PERIODONTICS	816	846		136,311.05		161.12	.008	167.05	1.35
ENDODONTICS	2,643	5,214		531,728.77		101.98	.051	201.18	5.25
RESTORATIVE DENTISTRY	10,975	36,112		2,041,587.67		56.53	.357	186.02	20.16
PROSTHETICS	58	60		1,517.50		25.29	.001	26.16	.01
DENTURES, STAYPLATES	178	787		69,910.50		88.83	.008	392.76	.69
SPACE MAINTAINERS	261	310		32,842.11		105.94	.003	125.83	.32
MAXILLOFACIAL SERVICES	64	67		3,520.00		52.54	.001	55.00	.03
FRACTURES, DISLOCATIONS	4	6		3,543.75		590.63	.000	885.94	.03
ORTHODONTIC SERVICES	828	1,017		89,589.57		88.09	.010	108.20	.88
ALL OTHER SERVICES	237	258		933.00		3.62	.003	3.94	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
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MONTEREY COUNTY	SUMMARY OF SERVICES FOR 58 ALL FAMILIES								

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	101,289 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	20	\$	498.64	\$ 24.93	.000	\$ 83.11	\$.00
DIAGNOSTIC AND ANC. PROCED	6	6		284.70	47.45	.000	47.45	.00
EYE APPLIANCES	6	14		213.94	15.28	.000	35.66	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	1	1	\$	47.54	\$ 47.54	.000	\$ 47.54	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	1	1		47.54	47.54	.000	47.54	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	462	740	\$	48,528.25	\$ 65.58	.007	\$ 105.04	\$.48
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	7,597	29,752	\$	10,120,160.20	\$ 340.15	.294	\$ 1332.13	\$ 99.91
HOSP INPATIENT TOTAL	1,497	6,624		9,456,620.83	1427.63	.065	6317.05	93.36
HSC HOSPITALS	1,211	5,488		7,063,318.51	1287.05	.054	5832.63	69.73
NON-HSC HOSPITAL TOTAL	293	1,136		2,393,302.32	2106.78	.011	8168.27	23.63
ACCOMMODATIONS	290	1,136		833,496.02	733.71	.011	2874.12	8.23
ADMINISTRATIVE DAYS	2	9		1,374.55	152.73	.000	687.28	.01
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	288	1,127		832,121.47	738.35	.011	2889.31	8.22
ANCILLARIES	293	0		1,559,806.30	.00	.000	5323.57	15.40
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	6,539	23,128	663,539.37	28.69	.228	101.47	6.55
MEDICAL	581	853	49,894.37	58.49	.008	85.88	.49
SURGERY	258	325	18,420.50	56.68	.003	71.40	.18
PATHOLOGY	3,437	11,637	140,976.77	12.11	.115	41.02	1.39
RADIOLOGY	1,318	1,649	151,178.30	91.68	.016	114.70	1.49
ROOM USE	3,305	4,697	173,993.11	37.04	.046	52.65	1.72
CROSSOVERS/ALL OTH OUTPTNT	2,261	3,967	129,076.32	32.54	.039	57.09	1.27
@COUNTY HOSPITAL TOTAL	4,279	15,312	\$ 3,907,182.10	\$ 255.17	.151	\$ 913.11	\$ 38.57
CO HOSPITAL INPATIENT TOTAL	899	2,990	3,610,064.66	1207.38	.030	4015.64	35.64
HSC HOSPITALS	899	2,983	3,608,107.90	1209.56	.029	4013.47	35.62
NON-HSC HOSPITALS TOTAL	1	7	1,956.76	279.54	.000	1956.76	.02
ACCOMMODATIONS	1	7	1,595.88	227.98	.000	1595.88	.02
ADMINISTRATIVE DAYS	1	7	1,595.88	227.98	.000	1595.88	.02
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	360.88	.00	.000	360.88	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3,623	12,322	297,117.44	24.11	.122	82.01	2.93
MEDICAL	175	231	10,549.90	45.67	.002	60.29	.10
SURGERY	104	137	5,336.75	38.95	.001	51.31	.05
PATHOLOGY	1,762	5,909	68,222.65	11.55	.058	38.72	.67
RADIOLOGY	653	780	52,345.67	67.11	.008	80.16	.52
ROOM USE	2,159	3,191	111,447.51	34.93	.032	51.62	1.10
CROSSOVERS/ALL OTH OUTPTNT	1,316	2,074	49,214.96	23.73	.020	37.40	.49

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 58 ALL FAMILIES

					----- MONTHLY AVERAGE -----			
101,289 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	3,463	14,440	\$ 6,212,978.10	\$ 430.26	.143	\$ 1794.10	\$ 61.34	
COMM HOSP INPATIENT TOTAL	606	3,634	5,846,556.17	1608.85	.036	9647.78	57.72	
HSC HOSPITALS	318	2,505	3,455,210.61	1379.33	.025	10865.44	34.11	
NON-HSC HOSPITALS TOTAL	292	1,129	2,391,345.56	2118.11	.011	8189.54	23.61	
ACCOMMODATIONS	289	1,129	831,900.14	736.85	.011	2878.55	8.21	
ADMINISTRATIVE DAYS	1	2	221.33CR	110.67CR	.000	221.33CR	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	288	1,127	832,121.47	738.35	.011	2889.31	8.22	
ANCILLARIES	292	0	1,559,445.42	.00	.000	5340.57	15.40	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	3,010	10,806	366,421.93	33.91	.107	121.73	3.62	
MEDICAL	407	622	39,344.47	63.25	.006	96.67	.39	
SURGERY	154	188	13,083.75	69.59	.002	84.96	.13	
PATHOLOGY	1,701	5,728	72,754.12	12.70	.057	42.77	.72	
RADIOLOGY	667	869	98,832.63	113.73	.009	148.17	.98	
ROOM USE	1,166	1,506	62,545.60	41.53	.015	53.64	.62	
CROSSOVERS/ALL OTH OUTPTNT	959	1,893	79,861.36	42.19	.019	83.28	.79	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	1	26	\$ 2,995.46	\$ 115.21	.000	\$ 2995.46	\$.03	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	1	26		2,995.46	115.21	.000	2995.46	.03
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	27	1,676	\$	125,217.54	74.71	.017	4637.69	1.24
HOSPITAL BASED	5	203		78,231.34	385.38	.002	15646.27	.77
HEMODIALYSIS CENTER	22	1,473		46,986.20	31.90	.015	2135.74	.46
@REHABILITATION FACILITY	51	448	\$	7,926.03	17.69	.004	155.41	.08
HOSPITAL BASED	32	64		3,031.78	47.37	.001	94.74	.03
INDEPENDENT FACILITY	19	384		4,894.25	12.75	.004	257.59	.05
@LABORATORY FACILITY	1,953	4,054	\$	99,622.45	24.57	.040	51.01	.98
PATHOLOGY	1,953	4,054		99,622.45	24.57	.040	51.01	.98
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	45,410	72,255	\$	5,766,114.22	79.80	.713	126.98	56.93
CLINIC	472	1,760		45,590.74	25.90	.017	96.59	.45
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	3	48		552.12	11.50	.000	184.04	.01
RURAL HEALTH CLINIC	44,948	70,447		5,719,971.36	81.20	.696	127.26	56.47
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 58 ALL FAMILIES

					----- MONTHLY AVERAGE -----			
101,289 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	10,313	40,137	\$ 597,871.18	\$ 14.90	.396	\$ 57.97	\$ 5.90	
DURABLE MED. EQUIP.	106	570	53,576.36	93.99	.006	505.44	.53	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	47	162	19,205.02	118.55	.002	408.62	.19	
MEDICAL TRANSPORTATION	161	4,802	81,173.75	16.90	.047	504.18	.80	
AMBULANCES/AIR TRANS	158	4,784	52,448.75	10.96	.047	331.95	.52	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	18	18	28,725.00	1595.83	.000	1595.83	.28	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	3	12	808.47	67.37	.000	269.49	.01	
GENETIC DISEASE TESTING	1,412	1,418	114,550.50	80.78	.014	81.13	1.13	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	3,159	6,706	65,066.91	9.70	.066	20.60	.64	
PHYSICAL THERAPIST	234	614	37,206.20	60.60	.006	159.00	.37	
PORTABLE X-RAY	1	1	17.30	17.30	.000	17.30	.00	
PROSTHETIST/ORTHOTISTS	101	378	37,836.50	100.10	.004	374.62	.37	
PROSTHETICS	61	323	32,377.61	100.24	.003	530.78	.32	
ORTHOTICS	51	55	5,458.89	99.25	.001	107.04	.05	
PSYCHOLOGIST	16	56	3,722.41	66.47	.001	232.65	.04	
SPEECH AND AUDIOLOGY	21	64	6,180.76	96.57	.001	294.32	.06	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	5,131	18,986	177,267.80	9.34	.187	34.55	1.75	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	9	6,368	1,259.20	.20	.063	139.91	.01	
@CALIF. CHILDREN SERVICES*	2,782	27,069	\$ 6,098,542.39	\$ 225.30	.267	\$ 2192.14	\$ 60.21	

@XOVER EXCLUDING STATE HOSP** 5 35 \$ 970.94 \$ 27.74 .000 \$ 194.19 \$.01

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 MONTEREY COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

372 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,298	13,944	\$ 713,130.67	\$ 51.14	37.484	\$ 310.33	\$ 1917.02
@PHYSICIANS SERVICES	135	566	\$ 50,667.33	\$ 89.52	1.522	\$ 375.31	\$ 136.20
OUTPATIENT VISITS	54	59	3,299.22	55.92	.159	61.10	8.87
OFFICE VISITS	23	25	1,533.21	61.33	.067	66.66	4.12
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	18	19	1,227.72	64.62	.051	68.21	3.30
PREVENTIVE CARE	1	1	65.78	65.78	.003	65.78	.18
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	13	14	472.51	33.75	.038	36.35	1.27
INPATIENT VISITS	28	161	23,548.50	146.26	.433	841.02	63.30
HOSPITAL VISITS	24	136	8,230.87	60.52	.366	342.95	22.13
CRITICAL CARE	7	25	15,317.63	612.71	.067	2188.23	41.18
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	161.45	40.36	.011	40.36	.43
EXAMINATIONS	4	4	161.45	40.36	.011	40.36	.43
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	22	168	13,063.63	77.76	.452	593.80	35.12
PRINCIPAL SURGEON	13	26	9,082.78	349.34	.070	698.68	24.42
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	15	142	3,980.85	28.03	.382	265.39	10.70
OUTPATIENT SURGERY	14	55	6,105.02	111.00	.148	436.07	16.41
PRINCIPAL SURGEON	8	18	4,580.99	254.50	.048	572.62	12.31
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	37	1,524.03	41.19	.099	190.50	4.10
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	4	7.21	1.80	.011	3.61	.02
RADIOLOGY	36	50	2,317.95	46.36	.134	64.39	6.23
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	23	65	2,164.35	33.30	.175	94.10	5.82
@PHARMACY	194	1,562	\$ 59,385.14	\$ 38.02	4.199	\$ 306.11	\$ 159.64
PRESCRIPTION DRUGS	180	378	53,509.31	141.56	1.016	297.27	143.84
SNF/ICF	20	43	6,174.01	143.58	.116	308.70	16.60
OUTPATIENTS	160	335	47,335.30	141.30	.901	295.85	127.25
MEDICAL SUPPLIES	30	1,184	5,875.83	4.96	3.183	195.86	15.80
@DENTIST	655	3,844	\$ 107,005.41	\$ 27.84	10.333	\$ 163.37	\$ 287.65
VISITS - DIAGNOSTIC	492	2,386	29,382.40	12.31	6.414	59.72	78.98
ORAL SURGERY	93	189	15,640.00	82.75	.508	168.17	42.04
DRUGS	104	119	2,483.75	20.87	.320	23.88	6.68
ANESTHESIA	15	15	1,175.00	78.33	.040	78.33	3.16
PERIODONTICS	7	7	1,079.00	154.14	.019	154.14	2.90
ENDODONTICS	45	105	7,790.86	74.20	.282	173.13	20.94
RESTORATIVE DENTISTRY	252	930	44,059.40	47.38	2.500	174.84	118.44
PROSTHETICS	1	1	30.00	30.00	.003	30.00	.08
DENTURES, STAYPLATES	2	12	530.00	44.17	.032	265.00	1.42
SPACE MAINTAINERS	6	8	840.00	105.00	.022	140.00	2.26

MAXILLOFACIAL SERVICES	5	7	300.00	42.86	.019	60.00	.81
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	34	42	3,648.00	86.86	.113	107.29	9.81
ALL OTHER SERVICES	11	23	47.00	2.04	.062	4.27	.13

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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

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372 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	14	\$ 266.18	\$ 19.01	.038	\$ 66.55	\$.72
DIAGNOSTIC AND ANC. PROCED	2	2	94.90	47.45	.005	47.45	.26
EYE APPLIANCES	4	12	171.28	14.27	.032	42.82	.46
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	15	108	\$ 4,940.75	\$ 45.75	.290	\$ 329.38	\$ 13.28
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	105	701	\$ 306,451.04	\$ 437.16	1.884	\$ 2918.58	\$ 823.79
HOSP INPATIENT TOTAL	17	196	284,792.15	1453.02	.527	16752.48	765.57
HSC HOSPITALS	16	189	276,145.50	1461.09	.508	17259.09	742.33
NON-HSC HOSPITAL TOTAL	1	7	8,646.65	1235.24	.019	8646.65	23.24
ACCOMMODATIONS	1	7	4,554.80	650.69	.019	4554.80	12.24

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	7	4,554.80	650.69	.019	4554.80	12.24
ANCILLARIES	1	0	4,091.85	.00	.000	4091.85	11.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	90	505	21,658.89	42.89	1.358	240.65	58.22
MEDICAL	24	61	3,747.08	61.43	.164	156.13	10.07
SURGERY	4	6	622.10	103.68	.016	155.53	1.67
PATHOLOGY	20	149	1,552.15	10.42	.401	77.61	4.17
RADIOLOGY	37	48	5,049.47	105.20	.129	136.47	13.57
ROOM USE	44	60	2,242.50	37.38	.161	50.97	6.03
CROSSOVERS/ALL OTH OUTPTNT	35	181	8,445.59	46.66	.487	241.30	22.70
@COUNTY HOSPITAL TOTAL	27	63	\$ 20,659.50	\$ 327.93	.169	\$ 765.17	\$ 55.54
CO HOSPITAL INPATIENT TOTAL	2	16	19,200.00	1200.00	.043	9600.00	51.61
HSC HOSPITALS	2	16	19,200.00	1200.00	.043	9600.00	51.61
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	25	47	1,459.50	31.05	.126	58.38	3.92
MEDICAL	4	6	273.06	45.51	.016	68.27	.73
SURGERY	1	1	8.71	8.71	.003	8.71	.02
PATHOLOGY	2	7	154.35	22.05	.019	77.18	.41
RADIOLOGY	15	18	543.29	30.18	.048	36.22	1.46
ROOM USE	11	11	433.57	39.42	.030	39.42	1.17
CROSSOVERS/ALL OTH OUTPTNT	3	4	46.52	11.63	.011	15.51	.13

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	372 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	81	638	\$	285,791.54	\$ 447.95	1.715	\$ 3528.29	\$ 768.26
COMM HOSP INPATIENT TOTAL	15	180		265,592.15	1475.51	.484	17706.14	713.96
HSC HOSPITALS	14	173		256,945.50	1485.23	.465	18353.25	690.71
NON-HSC HOSPITALS TOTAL	1	7		8,646.65	1235.24	.019	8646.65	23.24
ACCOMMODATIONS	1	7		4,554.80	650.69	.019	4554.80	12.24
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	7		4,554.80	650.69	.019	4554.80	12.24
ANCILLARIES	1	0		4,091.85	.00	.000	4091.85	11.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	68	458		20,199.39	44.10	1.231	297.05	54.30
MEDICAL	20	55		3,474.02	63.16	.148	173.70	9.34
SURGERY	3	5		613.39	122.68	.013	204.46	1.65
PATHOLOGY	18	142		1,397.80	9.84	.382	77.66	3.76
RADIOLOGY	22	30		4,506.18	150.21	.081	204.83	12.11
ROOM USE	33	49		1,808.93	36.92	.132	54.82	4.86
CROSSOVERS/ALL OTH OUTPTNT	32	177		8,399.07	47.45	.476	262.47	22.58
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	8	49	\$	1,089.94	\$	22.24	.132	\$	136.24
HOSPITAL BASED	4	8		250.54		31.32	.022		62.64
INDEPENDENT FACILITY	4	41		839.40		20.47	.110		209.85
@LABORATORY FACILITY	4	7	\$	105.00	\$	15.00	.019	\$	26.25
PATHOLOGY	4	7		105.00		15.00	.019		26.25
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	1,107	1,805	\$	137,940.33	\$	76.42	4.852	\$	124.61
CLINIC	1	5		45.36		9.07	.013		45.36
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	1,106	1,800		137,894.97		76.61	4.839		124.68

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 MONTEREY COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

	372 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	243		5,288	\$ 45,279.55	\$ 8.56	14.215	\$ 186.34	\$ 121.72
DURABLE MED. EQUIP.	11		41	9,010.00	219.76	.110	819.09	24.22
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0		0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6		33	3,664.65	111.05	.089	610.78	9.85
AMBULANCES/AIR TRANS	5		30	589.65	19.66	.081	117.93	1.59
OTHER TRANS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	3		3	3,075.00	1025.00	.008	1025.00	8.27
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	66		67	5,522.00	82.42	.180	83.67	14.84
IHMC,MODEL-NF,NF,AIDS,MSSP	0		0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	70		146	1,250.46	8.56	.392	17.86	3.36
PHYSICAL THERAPIST	1		1	113.31	113.31	.003	113.31	.30
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4		11	10,256.53	932.41	.030	2564.13	27.57
PROSTHETICS	4		11	10,256.53	932.41	.030	2564.13	27.57
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3		13	854.72	65.75	.035	284.91	2.30
SPEECH AND AUDIOLOGY	5		10	4,791.95	479.20	.027	958.39	12.88
HOSPICE SERVICES	0		0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	79	1,145		9,221.37		8.05	3.078	116.73	24.79
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	5	3,821		594.56		.16	10.272	118.91	1.60
@CALIF. CHILDREN SERVICES*	163	1,454	\$	379,142.64	\$	260.76	3.909	\$ 2326.03	\$ 1019.20
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

MONTEREY COUNTY

SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

AID CODES

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11	76	\$ 2,249.65	\$ 29.60	5.429	\$ 204.51	\$ 160.69
@PHYSICIANS SERVICES	9	62	\$ 131.00	\$ 2.11	4.429	\$ 14.56	\$ 9.36
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	9	62	131.00	2.11	4.429	14.56	9.36
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS AID CODES

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	2	\$ 8.50	\$ 4.25	.143	\$ 8.50	\$.61
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	2	8.50	4.25	.143	8.50	.61
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2	8.50	4.25	.143	8.50	.61
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,143
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS AID CODES

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	2 \$	8.50	\$ 4.25	.143 \$ 8.50	\$.61
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	1	2	8.50	4.25	.143 8.50	.61
MEDICAL	0	0	.00	.00	.000	.00

SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	2		8.50		4.25	.143	8.50	.61
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	7	12	\$	2,110.15	\$	175.85	.857	301.45	150.73
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	7	12		2,110.15		175.85	.857	301.45	150.73
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	.00	.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

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14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES			
				----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	11	76	\$ 2,249.65	\$ 29.60	5.429	\$ 204.51	\$ 160.69

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY

SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION

AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$	.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MONTEREY COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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MONTEREY COUNTY

SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION

AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

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MONTEREY COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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MONTEREY COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS	AID CODES 51 52 56	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$.00	.000	\$.00
@PHYSICIANS SERVICES	0	0 \$	.00	\$.00	.000	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
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MONTEREY COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS							
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,151
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSEVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSEVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,152
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,153
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

						----- MONTHLY AVERAGE -----		
21,488 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	10,002	55,362	\$ 7,012,694.97	\$ 126.67	2.576	\$ 701.13	\$ 326.35	
@PHYSICIANS SERVICES	4,068	12,187	\$ 769,923.12	\$ 63.18	.567	\$ 189.26	\$ 35.83	
OUTPATIENT VISITS	1,697	4,086	155,973.73	38.17	.190	91.91	7.26	
OFFICE VISITS	202	241	8,265.49	34.30	.011	40.92	.38	
HOME VISITS	5	5	232.22	46.44	.000	46.44	.01	
EMERGENCY ROOM	559	623	36,440.77	58.49	.029	65.19	1.70	
PREVENTIVE CARE	4	4	160.04	40.01	.000	40.01	.01	
OB VISITS/COMPRE PERI	934	3,098	107,161.00	34.59	.144	114.73	4.99	
OTHER OUTPATIENT	87	115	3,714.21	32.30	.005	42.69	.17	
INPATIENT VISITS	845	2,141	124,390.02	58.10	.100	147.21	5.79	
HOSPITAL VISITS	782	1,743	70,897.15	40.68	.081	90.66	3.30	
CRITICAL CARE	102	398	53,492.87	134.40	.019	524.44	2.49	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	725	1,710	349,586.43	204.44	.080	482.19	16.27	
PRINCIPAL SURGEON	614	649	313,945.19	483.74	.030	511.31	14.61	
ASSISTANT SURGEON	47	47	7,866.97	167.38	.002	167.38	.37	
ANESTHESIOLOGIST	144	1,014	27,774.27	27.39	.047	192.88	1.29	
OUTPATIENT SURGERY	229	404	24,951.19	61.76	.019	108.96	1.16	
PRINCIPAL SURGEON	213	257	21,129.20	82.21	.012	99.20	.98	

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	48	147	3,821.99	26.00	.007	79.62	.18
DIALYSIS	47	105	13,951.01	132.87	.005	296.83	.65
PATHOLOGY	437	1,077	14,080.83	13.07	.050	32.22	.66
RADIOLOGY	1,345	1,864	57,833.12	31.03	.087	43.00	2.69
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	40	108	1,370.98	12.69	.005	34.27	.06
OTHER SERVICES/ALL X-OVERS	473	692	27,785.81	40.15	.032	58.74	1.29
@PHARMACY	2,528	5,926	\$ 174,068.94	\$ 29.37	.276	\$ 68.86	\$ 8.10
PRESCRIPTION DRUGS	2,471	5,563	144,246.52	25.93	.259	58.38	6.71
SNF/ICF	1	1	16.85	16.85	.000	16.85	.00
OUTPATIENTS	2,470	5,562	144,229.67	25.93	.259	58.39	6.71
MEDICAL SUPPLIES	167	363	29,822.42	82.16	.017	178.58	1.39
@DENTIST	42	154	\$ 3,881.00	\$ 25.20	.007	\$ 92.40	\$.18
VISITS - DIAGNOSTIC	35	95	660.00	6.95	.004	18.86	.03
ORAL SURGERY	23	39	1,399.00	35.87	.002	60.83	.07
DRUGS	2	2	25.00	12.50	.000	12.50	.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	4	14	497.00	35.50	.001	124.25	.02
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	1	1	1,200.00	1200.00	.000	1200.00	.06
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

PAGE 8,154 01/17/03

21,488 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	2	\$ 23.50	\$ 11.75	.000	\$ 23.50	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	2	23.50	11.75	.000	23.50	.00
@HOME HEALTH AGENCY	276	333	\$ 22,040.98	\$ 66.19	.015	\$ 79.86	\$ 1.03
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	4,424	17,409	\$ 4,621,625.02	\$ 265.47	.810	\$ 1044.67	\$ 215.08
HOSP INPATIENT TOTAL	877	3,100	4,272,076.34	1378.09	.144	4871.24	198.81
HSC HOSPITALS	681	2,241	2,594,048.30	1157.54	.104	3809.18	120.72
NON-HSC HOSPITAL TOTAL	195	856	1,677,236.04	1959.39	.040	8601.21	78.05
ACCOMMODATIONS	190	856	588,059.32	686.99	.040	3095.05	27.37

ADMINISTRATIVE DAYS	0	0	11.07	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	190	856	588,048.25	686.97	.040	3094.99	27.37
ANCILLARIES	195	0	1,089,176.72	.00	.000	5585.52	50.69
INPATIENT CROSSOVERS	1	3	792.00	264.00	.000	792.00	.04
ALL OTHER INPATIENT	1	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,875	14,309	349,548.68	24.43	.666	90.21	16.27
MEDICAL	219	335	18,178.29	54.26	.016	83.01	.85
SURGERY	168	199	8,975.85	45.10	.009	53.43	.42
PATHOLOGY	2,295	7,574	89,980.86	11.88	.352	39.21	4.19
RADIOLOGY	997	1,132	71,986.31	63.59	.053	72.20	3.35
ROOM USE	1,702	2,670	95,764.78	35.87	.124	56.27	4.46
CROSSOVERS/ALL OTH OUTPTNT	1,085	2,399	64,662.59	26.95	.112	59.60	3.01
@COUNTY HOSPITAL TOTAL	2,943	10,544	\$ 2,275,422.77	\$ 215.80	.491	\$ 773.16	\$ 105.89
CO HOSPITAL INPATIENT TOTAL	603	1,733	2,067,703.82	1193.14	.081	3429.03	96.23
HSC HOSPITALS	603	1,733	2,067,703.82	1193.14	.081	3429.03	96.23
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2,545	8,811	207,718.95	23.57	.410	81.62	9.67
MEDICAL	78	91	3,309.05	36.36	.004	42.42	.15
SURGERY	77	92	3,532.98	38.40	.004	45.88	.16
PATHOLOGY	1,371	4,631	53,292.16	11.51	.216	38.87	2.48
RADIOLOGY	543	608	37,377.56	61.48	.028	68.84	1.74
ROOM USE	1,348	2,168	75,186.58	34.68	.101	55.78	3.50
CROSSOVERS/ALL OTH OUTPTNT	774	1,221	35,020.62	28.68	.057	45.25	1.63

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,155
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

					----- MONTHLY AVERAGE -----			
21,488 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,571	6,865	\$ 2,346,202.25	\$ 341.76	.319	\$ 1493.45	\$ 109.19	
COMM HOSP INPATIENT TOTAL	277	1,367	2,204,372.52	1612.56	.064	7958.02	102.59	
HSC HOSPITALS	81	508	526,344.48	1036.11	.024	6498.08	24.49	
NON-HSC HOSPITALS TOTAL	195	856	1,677,236.04	1959.39	.040	8601.21	78.05	
ACCOMMODATIONS	190	856	588,059.32	686.99	.040	3095.05	27.37	
ADMINISTRATIVE DAYS	0	0	11.07	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	190	856	588,048.25	686.97	.040	3094.99	27.37	
ANCILLARIES	195	0	1,089,176.72	.00	.000	5585.52	50.69	
INPATIENT CROSSOVERS	1	3	792.00	264.00	.000	792.00	.04	
ALL OTHER INPATIENT	1	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	1,393	5,498	141,829.73	25.80	.256	101.82	6.60	
MEDICAL	142	244	14,869.24	60.94	.011	104.71	.69	
SURGERY	91	107	5,442.87	50.87	.005	59.81	.25	
PATHOLOGY	945	2,943	36,688.70	12.47	.137	38.82	1.71	
RADIOLOGY	454	524	34,608.75	66.05	.024	76.23	1.61	
ROOM USE	364	502	20,578.20	40.99	.023	56.53	.96	
CROSSOVERS/ALL OTH OUTPTNT	319	1,178	29,641.97	25.16	.055	92.92	1.38	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	9	361	\$ 83,966.66	\$ 232.59	.017	\$ 9329.63	\$ 3.91
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	9	361	83,966.66	232.59	.017	9329.63	3.91
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	39	3,186	\$ 112,522.75	\$ 35.32	.148	\$ 2885.20	\$ 5.24
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	39	3,186	112,522.75	35.32	.148	2885.20	5.24
@REHABILITATION FACILITY	1	2	\$ 56.04	\$ 28.02	.000	\$ 56.04	\$.00
HOSPITAL BASED	1	2	56.04	28.02	.000	56.04	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,187	2,738	\$ 52,565.80	\$ 19.20	.127	\$ 44.28	\$ 2.45
PATHOLOGY	1,186	2,737	52,518.60	19.19	.127	44.28	2.44
XO AND OTHERS	1	1	47.20	47.20	.000	47.20	.00
@ORGANIZED OUTPATIENT CLINIC	3,448	10,351	\$ 1,046,001.50	\$ 101.05	.482	\$ 303.36	\$ 48.68
CLINIC	121	529	14,596.48	27.59	.025	120.63	.68
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	3,328	9,822	1,031,405.02	105.01	.457	309.92	48.00

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

PAGE 8,156 01/17/03

21,488 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	817	2,713	\$ 126,019.66	\$ 46.45	.126	\$ 154.25	\$ 5.86
DURABLE MED. EQUIP.	23	32	898.24	28.07	.001	39.05	.04
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	77	1,583	40,089.39	25.32	.074	520.64	1.87
AMBULANCES/AIR TRANS	76	1,559	24,663.49	15.82	.073	324.52	1.15
OTHER TRANS	1	14	50.90	3.64	.001	50.90	.00
OTHER SERVICES	10	10	15,375.00	1537.50	.000	1537.50	.72
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	500	507	47,331.00	93.36	.024	94.66	2.20
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	216	518	32,326.87	62.41	.024	149.66	1.50
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	43	73	5,374.16	73.62	.003	124.98	.25
PROSTHETICS	9	28	1,083.49	38.70	.001	120.39	.05
ORTHOTICS	41	45	4,290.67	95.35	.002	104.65	.20
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	67	2,660	\$	261,223.37	\$ 98.20	.124	\$ 3898.86	\$ 12.16
@XOVER EXCLUDING STATE HOSP**	8	77	\$	3,217.44	\$ 41.78	.004	\$ 402.18	\$.15

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,157
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 64 REFUGEES	AID CODES 01 02 08

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	12	46	\$ 2,935.99	\$ 63.83	.000	\$ 244.67	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	1	1	\$ 524.00	\$ 524.00	.000	\$ 524.00	\$.00
PRESCRIPTION DRUGS	1	1	524.00	524.00	.000	524.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	1	524.00	524.00	.000	524.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	8	39	\$ 1,889.00	\$ 48.44	.000	\$ 236.13	\$.00
VISITS - DIAGNOSTIC	5	14	280.00	20.00	.000	56.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	1	1	200.00	200.00	.000	200.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	22	1,199.00	54.50	.000	599.50	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	2	210.00	105.00	.000	105.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,158
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 64 REFUGEES AID CODES 01 02 08

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 8,159
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 64 REFUGEES										AID CODES 01 02 08

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4	6	\$ 522.99	\$ 87.17	.000	\$ 130.75	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	4	6	522.99	87.17	.000	130.75	.00

#CALIF DEPT OF HEALTH SERV
MOP024
MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 64 REFUGEES

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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL

PAGE 8,161
01/17/03

						AID CODES 0M 0N		----- MONTHLY AVERAGE -----			
00 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE			
@TOTAL, ALL PROVIDERS	34	72	\$	4,104.67	\$ 57.01	.000	\$ 120.73	\$	.00	
@PHYSICIANS SERVICES	0	0	\$	.00	\$.00	.000	\$.00	\$	.00	
OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00		
OFFICE VISITS	0	0		.00	.00	.000	.00		.00		
HOME VISITS	0	0		.00	.00	.000	.00		.00		
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00		
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00		
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00		
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00		
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00		
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00		
CRITICAL CARE	0	0		.00	.00	.000	.00		.00		
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00		
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00		
EXAMINATIONS	0	0		.00	.00	.000	.00		.00		
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00		
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00		
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00		
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00		
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00		
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00		
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00		
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00		
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00		
DIALYSIS	0	0		.00	.00	.000	.00		.00		
PATHOLOGY	0	0		.00	.00	.000	.00		.00		
RADIOLOGY	0	0		.00	.00	.000	.00		.00		
PSYCHIATRY	0	0		.00	.00	.000	.00		.00		
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00		
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00		
@PHARMACY	3	6	\$	340.15	\$ 56.69	.000	\$ 113.38	\$	.00	
PRESCRIPTION DRUGS	3	6		340.15	56.69	.000	113.38		.00		
SNF/ICF	0	0		.00	.00	.000	.00		.00		
OUTPATIENTS	3	6		340.15	56.69	.000	113.38		.00		

MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	6	19	\$	1,256.00	\$ 66.11	.000	\$ 209.33	\$.00
VISITS - DIAGNOSTIC	2	4		125.00	31.25	.000	62.50	.00
ORAL SURGERY	1	1		45.00	45.00	.000	45.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	2	2		430.00	215.00	.000	215.00	.00
RESTORATIVE DENTISTRY	3	12		656.00	54.67	.000	218.67	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,162	
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03	
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL						AID CODES 0M 0N	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	3	\$ 86.17	\$ 28.72	.000	\$ 86.17	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	3	86.17	28.72	.000	86.17	.00
MEDICAL	1	1	32.75	32.75	.000	32.75	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	31.93	31.93	.000	31.93	.00

CROSSEOVERS/ALL OTH OUTPTNT	1	1	21.49	21.49	.000	21.49	.00
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,163
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL

AID CODES 0M 0N

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	3	\$ 86.17	\$ 28.72	.000	\$ 86.17	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	3		86.17	28.72	.000	86.17	.00
MEDICAL	1	1		32.75	32.75	.000	32.75	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	1	1		31.93	31.93	.000	31.93	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		21.49	21.49	.000	21.49	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	25	38	\$	2,358.03	\$ 62.05	.000	\$ 94.32	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	25	38		2,358.03	62.05	.000	94.32	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,164
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	6	\$ 64.32	\$ 10.72	.000	\$ 32.16	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	6	64.32	10.72	.000	32.16	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,165
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY	AID CODES OR OT	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	5	13	\$ 664.82	\$ 51.14	.000	\$ 132.96	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY

PAGE 8,166
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,167
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	13	\$	664.82	\$	51.14	.000	\$	132.96
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	5	13		664.82		51.14	.000		132.96
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 8,168
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY								AID CODES OR OT

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

PAGE 8,169
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	39	85	\$ 4,769.49	\$ 56.11	.000		\$ 122.29	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000		\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00

ASSISTANT SURGEON	0	0		.00		.000		.00		.00	
ANESTHESIOLOGIST	0	0		.00		.000		.00		.00	
DIALYSIS	0	0		.00		.000		.00		.00	
PATHOLOGY	0	0		.00		.000		.00		.00	
RADIOLOGY	0	0		.00		.000		.00		.00	
PSYCHIATRY	0	0		.00		.000		.00		.00	
IMMUNIZATION AND INJECTION	0	0		.00		.000		.00		.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00		.000		.00		.00	
@PHARMACY	3	6	\$	340.15	\$	56.69	.000	\$	113.38	\$	.00
PRESCRIPTION DRUGS	3	6		340.15		56.69	.000		113.38		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	3	6		340.15		56.69	.000		113.38		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	6	19	\$	1,256.00	\$	66.11	.000	\$	209.33	\$	.00
VISITS - DIAGNOSTIC	2	4		125.00		31.25	.000		62.50		.00
ORAL SURGERY	1	1		45.00		45.00	.000		45.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	2	2		430.00		215.00	.000		215.00		.00
RESTORATIVE DENTISTRY	3	12		656.00		54.67	.000		218.67		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,170
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000 .00 .00
EYE APPLIANCES	0	0	.00	.00	.000 .00 .00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000 .00 .00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000 .00 .00
SURGERY/ANES.	0	0	.00	.00	.000 .00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000 .00 .00
OTHER	0	0	.00	.00	.000 .00 .00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$.00 \$.00
NURSE ANESTHESIST	0	0	.00	.00	.000 .00 .00
NURSE MIDWIFE	0	0	.00	.00	.000 .00 .00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000 .00 .00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000 .00 .00
@TOTAL HOSPITAL	1	3	\$ 86.17	\$ 28.72	.000 \$ 86.17 \$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000 .00 .00
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	3	86.17	28.72	.000	86.17	.00
MEDICAL	1	1	32.75	32.75	.000	32.75	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	31.93	31.93	.000	31.93	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	21.49	21.49	.000	21.49	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,171
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	1	3	\$ 86.17	\$ 28.72	.000	\$ 86.17	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	3	86.17	28.72	.000	86.17	.00
MEDICAL	1	1	32.75	32.75	.000	32.75	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	31.93	31.93	.000	31.93	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	21.49	21.49	.000	21.49	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	30	51	\$	3,022.85	\$	59.27	.000	\$	100.76
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	30	51		3,022.85		59.27	.000		100.76
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 8,172
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL								

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	6	\$ 64.32	\$ 10.72	.000	\$ 32.16	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	6	64.32	10.72	.000	32.16	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 8,173

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY

SUMMARY OF SERVICES FOR 68 QMB - ONLY

AID CODE

1,119 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	437	4,688	\$ 120,122.52	\$ 25.62	4.189	\$ 274.88	\$ 107.35
@PHYSICIANS SERVICES	149	566	\$ 5,462.75	\$ 9.65	.506	\$ 36.66	\$ 4.88
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	149	566		5,462.75	9.65	.506	36.66	4.88
@PHARMACY	19	2,785	\$	1,903.04	\$	.68	2.489	\$ 100.16 \$ 1.70
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	19	2,785		1,903.04	.68	2.489	100.16	1.70
@DENTIST	20	85	\$	.00	\$	.00	.076	\$.00 \$.00
VISITS - DIAGNOSTIC	15	70		.00	.00	.063	.00	.00
ORAL SURGERY	1	2		.00	.00	.002	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		.00	.00	.001	.00	.00
ENDODONTICS	2	3		.00	.00	.003	.00	.00
RESTORATIVE DENTISTRY	5	8		.00	.00	.007	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	1		.00	.00	.001	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 68 QMB - ONLY

AID CODE

----- MONTHLY AVERAGE -----

1,119 ELIGIBLES

USERS

UNITS OF SERVICE OR DAYS OF CARE

EXPENDITURES

AVERAGE COST PER UNIT/DAY

UNITS/DAYS PER ELIG

COST PER USER

COST PER ELIGIBLE

@OPTOMETRIST	1	2	\$	28.27	\$ 14.14	.002	\$ 28.27	\$.03
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	1	2		28.27	14.14	.002	28.27	.03
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	24	103	\$	1,974.52	\$ 19.17	.092	\$ 82.27	\$ 1.76
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	24	103		1,974.52	19.17	.092	82.27	1.76
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	1	1	\$	2.60	\$	2.60	.001	\$	2.60	\$	.00
@TOTAL HOSPITAL	170	856	\$	99,858.53	\$	116.66	.765	\$	587.40	\$	89.24
HOSP INPATIENT TOTAL	115	637		96,067.15		150.81	.569		835.37		85.85
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	115	637		96,067.15		150.81	.569		835.37		85.85
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	59	219		3,791.38		17.31	.196		64.26		3.39
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	59	219		3,791.38		17.31	.196		64.26		3.39
@COUNTY HOSPITAL TOTAL	10	28	\$	988.37	\$	35.30	.025	\$	98.84	\$	.88
CO HOSPITAL INPATIENT TOTAL	2	9		830.70		92.30	.008		415.35		.74
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	9		830.70		92.30	.008		415.35		.74
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	8	19		157.67		8.30	.017		19.71		.14
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	8	19		157.67		8.30	.017		19.71		.14

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,175
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 68 QMB - ONLY AID CODE

	1,119 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	160	828	\$	98,870.16	\$ 119.41	.740	\$ 617.94	\$ 88.36
COMM HOSP INPATIENT TOTAL	113	628		95,236.45	151.65	.561	842.80	85.11
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	113	628		95,236.45	151.65	.561	842.80	85.11
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	51	200		3,633.71	18.17	.179	71.25	3.25
MEDICAL	0	0		.00	.00	.000	.00	.00

SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	51	200		3,633.71	18.17	.179	71.25	3.25
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	2	0	\$	147.67	\$.00	.000	\$ 73.84	\$.13
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2	0		147.67	.00	.000	73.84	.13
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	16	18	\$	7,677.46	\$ 426.53	.016	\$ 479.84	\$ 6.86
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	16	18		7,677.46	426.53	.016	479.84	6.86
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	8.51	\$.00	.000	\$.00	\$.01
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		8.51	.00	.000	.00	.01

#CALIF DEPT OF HEALTH SERV
MOP024
MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 68 QMB - ONLY

PAGE 8,176
01/17/03

1,119 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	60	272	\$ 3,059.17	\$ 11.25	.243	\$ 50.99	\$ 2.73
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	93	129.88	1.40	.083	25.98	.12
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	5	93	129.88	1.40	.083	25.98	.12
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	55	179	2,929.29	16.36	.160	53.26	2.62
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	421	3,966	\$ 120,114.01	\$ 30.29	3.544	\$ 285.31	\$ 107.34

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
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 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,177
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 MONTEREY COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

	2,282 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,237	7,221	\$	442,860.59	\$ 61.33	3.164	\$ 197.97	\$ 194.07
@PHYSICIANS SERVICES	104	239	\$	20,998.08	\$ 87.86	.105	\$ 201.90	\$ 9.20
OUTPATIENT VISITS	68	83		3,974.32	47.88	.036	58.45	1.74
OFFICE VISITS	20	22		1,384.60	62.94	.010	69.23	.61
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	37	39		1,740.33	44.62	.017	47.04	.76
PREVENTIVE CARE	1	1		47.13	47.13	.000	47.13	.02
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	15	21		802.26	38.20	.009	53.48	.35
INPATIENT VISITS	6	18		1,165.06	64.73	.008	194.18	.51
HOSPITAL VISITS	6	18		1,165.06	64.73	.008	194.18	.51
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	5		253.86	50.77	.002	84.62	.11
EXAMINATIONS	3	5		253.86	50.77	.002	84.62	.11
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	27		2,305.74	85.40	.012	461.15	1.01
PRINCIPAL SURGEON	2	2		1,611.16	805.58	.001	805.58	.71
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	25		694.58	27.78	.011	231.53	.30
OUTPATIENT SURGERY	11	20		6,560.82	328.04	.009	596.44	2.88
PRINCIPAL SURGEON	10	15		6,168.60	411.24	.007	616.86	2.70
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	5		392.22	78.44	.002	130.74	.17
DIALYSIS	1	6		474.42	79.07	.003	474.42	.21
PATHOLOGY	1	1		2.11	2.11	.000	2.11	.00
RADIOLOGY	17	22		481.94	21.91	.010	28.35	.21
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	22	57		5,779.81	101.40	.025	262.72	2.53
@PHARMACY	57	143	\$	5,789.83	\$ 40.49	.063	\$ 101.58	\$ 2.54
PRESCRIPTION DRUGS	53	85		4,591.50	54.02	.037	86.63	2.01
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	53	85		4,591.50	54.02	.037	86.63	2.01

MEDICAL SUPPLIES	12	58		1,198.33		20.66	.025	99.86	.53
@DENTIST	645	4,443	\$	125,597.64	\$	28.27	1.947	\$ 194.73	\$ 55.04
VISITS - DIAGNOSTIC	526	2,728		30,893.04		11.32	1.195	58.73	13.54
ORAL SURGERY	54	94		3,950.00		42.02	.041	73.15	1.73
DRUGS	181	194		4,501.00		23.20	.085	24.87	1.97
ANESTHESIA	2	2		.00		.00	.001	.00	.00
PERIODONTICS	1	1		.00		.00	.000	.00	.00
ENDODONTICS	116	383		26,771.50		69.90	.168	230.79	11.73
RESTORATIVE DENTISTRY	212	1,018		57,795.10		56.77	.446	272.62	25.33
PROSTHETICS	2	2		.00		.00	.001	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	11	13		1,502.00		115.54	.006	136.55	.66
MAXILLOFACIAL SERVICES	1	2		150.00		75.00	.001	150.00	.07
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1		35.00		35.00	.000	35.00	.02
ALL OTHER SERVICES	5	5		.00		.00	.002	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 8,178
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 69 133% PROGRAM								AID CODES 72 74 8N

						----- MONTHLY AVERAGE -----		
2,282 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	122	386	\$	152,602.36	\$ 395.34	.169	\$ 1250.84	\$ 66.87
HOSP INPATIENT TOTAL	9	38		44,356.06	1167.26	.017	4928.45	19.44
HSC HOSPITALS	7	34		35,935.66	1056.93	.015	5133.67	15.75
NON-HSC HOSPITAL TOTAL	2	4		8,420.40	2105.10	.002	4210.20	3.69
ACCOMMODATIONS	2	4		3,882.10	970.53	.002	1941.05	1.70
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	4		3,882.10	970.53	.002	1941.05	1.70
ANCILLARIES	2	0		4,538.30	.00	.000	2269.15	1.99
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	114	348		108,246.30	311.05	.152	949.53	47.43
MEDICAL	21	46		98,710.71	2145.89	.020	4700.51	43.26
SURGERY	6	6		541.16	90.19	.003	90.19	.24
PATHOLOGY	32	114		1,499.42	13.15	.050	46.86	.66
RADIOLOGY	16	22		2,773.63	126.07	.010	173.35	1.22
ROOM USE	67	86		3,589.15	41.73	.038	53.57	1.57
CROSSOVERS/ALL OTH OUTPTNT	37	74		1,132.23	15.30	.032	30.60	.50
@COUNTY HOSPITAL TOTAL	44	77	\$	6,421.96	\$ 83.40	.034	\$ 145.95	\$ 2.81
CO HOSPITAL INPATIENT TOTAL	2	3		3,600.00	1200.00	.001	1800.00	1.58
HSC HOSPITALS	2	3		3,600.00	1200.00	.001	1800.00	1.58
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	42	74		2,821.96	38.13	.032	67.19	1.24
MEDICAL	6	12		898.37	74.86	.005	149.73	.39
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	7	13		93.42	7.19	.006	13.35	.04
RADIOLOGY	6	7		548.31	78.33	.003	91.39	.24
ROOM USE	25	28		1,026.71	36.67	.012	41.07	.45
CROSSOVERS/ALL OTH OUTPTNT	11	14		255.15	18.23	.006	23.20	.11

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

	2,282 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	78	309	\$	146,180.40	\$ 473.08	.135	\$ 1874.11	\$ 64.06
COMM HOSP INPATIENT TOTAL	7	35		40,756.06	1164.46	.015	5822.29	17.86
HSC HOSPITALS	5	31		32,335.66	1043.09	.014	6467.13	14.17
NON-HSC HOSPITALS TOTAL	2	4		8,420.40	2105.10	.002	4210.20	3.69
ACCOMMODATIONS	2	4		3,882.10	970.53	.002	1941.05	1.70
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	2	4		3,882.10	970.53	.002	1941.05	1.70
ANCILLARIES	2	0		4,538.30	.00	.000	2269.15	1.99
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	72	274		105,424.34	384.76	.120	1464.23	46.20
MEDICAL	15	34		97,812.34	2876.83	.015	6520.82	42.86
SURGERY	6	6		541.16	90.19	.003	90.19	.24
PATHOLOGY	25	101		1,406.00	13.92	.044	56.24	.62
RADIOLOGY	10	15		2,225.32	148.35	.007	222.53	.98
ROOM USE	42	58		2,562.44	44.18	.025	61.01	1.12
CROSSOVERS/ALL OTH OUTPTNT	26	60		877.08	14.62	.026	33.73	.38
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	5	7	\$	563.65	\$ 80.52	.003	\$ 112.73	\$.25
HOSPITAL BASED	5	7		563.65	80.52	.003	112.73	.25
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,245	1,625	\$	124,566.81	\$ 76.66	.712	\$ 100.05	\$ 54.59
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,245	1,625		124,566.81	76.66	.712	100.05	54.59

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 69 133% PROGRAM

AID CODES 72 74 8N

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	2,282 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	117	378	\$	12,742.22	\$ 33.71	.166	\$ 108.91	\$ 5.58
DURABLE MED. EQUIP.	1	1		114.75	114.75	.000	114.75	.05
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	5	21		3,437.70	163.70	.009	687.54	1.51
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	8	16	133.12	8.32	.007	16.64	.06
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	30	4,086.72	136.22	.013	1021.68	1.79
PROSTHETICS	4	30	4,086.72	136.22	.013	1021.68	1.79
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	7	1,883.12	269.02	.003	1883.12	.83
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	98	303	3,086.81	10.19	.133	31.50	1.35
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	140	551	\$ 179,517.80	\$ 325.80	.241	\$ 1282.27	\$ 78.67
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,181
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM	AID CODES 7A 7C 8R	

2,729 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,462	7,281	\$ 697,773.37	\$ 95.83	2.668	\$ 477.27	\$ 255.69
@PHYSICIANS SERVICES	85	208	\$ 15,148.47	\$ 72.83	.076	\$ 178.22	\$ 5.55
OUTPATIENT VISITS	37	70	2,362.54	33.75	.026	63.85	.87
OFFICE VISITS	9	13	637.51	49.04	.005	70.83	.23
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	18	18	837.17	46.51	.007	46.51	.31
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	37	829.36	22.42	.014	103.67	.30
OTHER OUTPATIENT	2	2	58.50	29.25	.001	29.25	.02
INPATIENT VISITS	19	52	4,484.23	86.24	.019	236.01	1.64
HOSPITAL VISITS	16	34	1,682.29	49.48	.012	105.14	.62
CRITICAL CARE	6	18	2,801.94	155.66	.007	466.99	1.03
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	11	17	4,417.55	259.86	.006	401.60	1.62
PRINCIPAL SURGEON	10	10	4,139.18	413.92	.004	413.92	1.52
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7	278.37	39.77	.003	139.19	.10
OUTPATIENT SURGERY	4	7	1,668.45	238.35	.003	417.11	.61
PRINCIPAL SURGEON	4	7	1,668.45	238.35	.003	417.11	.61
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	20	171.85	8.59	.007	21.48	.06
RADIOLOGY	17	24	1,228.72	51.20	.009	72.28	.45
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	13	18		815.13	45.29	.007	62.70	.30
@PHARMACY	43	302	\$	387,529.80	\$ 1283.21	.111	\$ 9012.32	\$ 142.00
PRESCRIPTION DRUGS	37	75		19,025.89	253.68	.027	514.21	6.97
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	37	75		19,025.89	253.68	.027	514.21	6.97
MEDICAL SUPPLIES	7	227		368,503.91	1623.37	.083	52643.42	135.03
@DENTIST	527	2,950	\$	72,841.28	\$ 24.69	1.081	\$ 138.22	\$ 26.69
VISITS - DIAGNOSTIC	384	1,980		24,959.85	12.61	.726	65.00	9.15
ORAL SURGERY	73	128		7,364.50	57.54	.047	100.88	2.70
DRUGS	108	126		2,602.75	20.66	.046	24.10	.95
ANESTHESIA	4	4		400.00	100.00	.001	100.00	.15
PERIODONTICS	2	2		55.00	27.50	.001	27.50	.02
ENDODONTICS	36	50		6,211.13	124.22	.018	172.53	2.28
RESTORATIVE DENTISTRY	223	617		27,728.05	44.94	.226	124.34	10.16
PROSTHETICS	1	1		30.00	30.00	.000	30.00	.01
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	3	4		600.00	150.00	.001	200.00	.22
MAXILLOFACIAL SERVICES	1	1		40.00	40.00	.000	40.00	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	26	35		2,850.00	81.43	.013	109.62	1.04
ALL OTHER SERVICES	4	2		.00	.00	.001	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM							
					AID CODES 7A 7C 8R			
----- MONTHLY AVERAGE -----								
2,729 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	5	6	\$	404.43	\$ 67.41	.002	\$ 80.89	\$.15
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	89	321	\$	90,879.47	\$ 283.11	.118	\$ 1021.12	\$ 33.30
HOSP INPATIENT TOTAL	18	52		84,014.57	1615.66	.019	4667.48	30.79
HSC HOSPITALS	13	37		47,205.10	1275.81	.014	3631.16	17.30
NON-HSC HOSPITAL TOTAL	5	15		36,809.47	2453.96	.005	7361.89	13.49
ACCOMMODATIONS	5	15		14,098.19	939.88	.005	2819.64	5.17
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	15		14,098.19	939.88	.005	2819.64	5.17
ANCILLARIES	5	0		22,711.28	.00	.000	4542.26	8.32
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	78	269	6,864.90	25.52	.099	88.01	2.52
MEDICAL	7	9	360.77	40.09	.003	51.54	.13
SURGERY	3	3	218.55	72.85	.001	72.85	.08
PATHOLOGY	41	125	1,485.45	11.88	.046	36.23	.54
RADIOLOGY	15	23	1,545.11	67.18	.008	103.01	.57
ROOM USE	41	52	2,198.00	42.27	.019	53.61	.81
CROSSOVERS/ALL OTH OUTPTNT	30	57	1,057.02	18.54	.021	35.23	.39
@COUNTY HOSPITAL TOTAL	45	130	\$ 33,603.46	\$ 258.49	.048	\$ 746.74	\$ 12.31
CO HOSPITAL INPATIENT TOTAL	10	26	31,200.08	1200.00	.010	3120.01	11.43
HSC HOSPITALS	10	26	31,200.08	1200.00	.010	3120.01	11.43
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	39	104	2,403.38	23.11	.038	61.63	.88
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	20.64	20.64	.000	20.64	.01
PATHOLOGY	15	44	445.34	10.12	.016	29.69	.16
RADIOLOGY	7	8	417.80	52.23	.003	59.69	.15
ROOM USE	24	26	921.44	35.44	.010	38.39	.34
CROSSOVERS/ALL OTH OUTPTNT	15	25	598.16	23.93	.009	39.88	.22
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 8,183
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM						AID CODES 7A 7C 8R
					----- MONTHLY AVERAGE -----		
2,729 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	48	191	\$ 57,276.01	\$ 299.87	.070	\$ 1193.25	\$ 20.99

COMM HOSP INPATIENT TOTAL	9	26		52,814.49	2031.33	.010	5868.28	19.35
HSC HOSPITALS	4	11		16,005.02	1455.00	.004	4001.26	5.86
NON-HSC HOSPITALS TOTAL	5	15		36,809.47	2453.96	.005	7361.89	13.49
ACCOMMODATIONS	5	15		14,098.19	939.88	.005	2819.64	5.17
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	5	15		14,098.19	939.88	.005	2819.64	5.17
ANCILLARIES	5	0		22,711.28	.00	.000	4542.26	8.32
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	40	165		4,461.52	27.04	.060	111.54	1.63
MEDICAL	7	9		360.77	40.09	.003	51.54	.13
SURGERY	2	2		197.91	98.96	.001	98.96	.07
PATHOLOGY	26	81		1,040.11	12.84	.030	40.00	.38
RADIOLOGY	8	15		1,127.31	75.15	.005	140.91	.41
ROOM USE	17	26		1,276.56	49.10	.010	75.09	.47
CROSSOVERS/ALL OTH OUTPTNT	15	32		458.86	14.34	.012	30.59	.17
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	16	33	\$	736.42	\$ 22.32	.012	46.03	\$.27
PATHOLOGY	16	33		736.42	22.32	.012	46.03	.27
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	470	740	\$	62,537.69	\$ 84.51	.271	133.06	\$ 22.92
CLINIC	1	8		299.96	37.50	.003	299.96	.11
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	469	732		62,237.73	85.02	.268	132.70	22.81
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 8,184
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM							
					AID CODES 7A 7C 8R			
						----- MONTHLY AVERAGE -----		
2,729 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	329	2,721	\$	67,695.81	\$ 24.88	.997	\$ 205.76	\$ 24.81
DURABLE MED. EQUIP.	4	8		9,062.37	1132.80	.003	2265.59	3.32
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	19		2,014.50	106.03	.007	335.75	.74
MEDICAL TRANSPORTATION	2	172		4,686.38	27.25	.063	2343.19	1.72

AMBULANCES/AIR TRANS	2	171	2,886.38	16.88	.063	1443.19	1.06
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.000	1800.00	.66
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	23	23	1,988.00	86.43	.008	86.43	.73
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	64	146	1,174.76	8.05	.053	18.36	.43
PHYSICAL THERAPIST	1	1	88.69	88.69	.000	88.69	.03
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	11	1,838.64	167.15	.004	919.32	.67
PROSTHETICS	1	10	1,725.33	172.53	.004	1725.33	.63
ORTHOTICS	1	1	113.31	113.31	.000	113.31	.04
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	5	180.59	36.12	.002	180.59	.07
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	225	1,095	10,363.22	9.46	.401	46.06	3.80
EPSDT SUPPLEMENTAL SERVICE	4	1,241	36,298.66	29.25	.455	9074.67	13.30
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	64	1,764	\$ 482,882.49	\$ 273.74	.646	\$ 7545.04	\$ 176.94
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,185
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F		

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7,859	23,226	\$ 1,379,759.23	\$ 59.41	.000	\$ 175.56	\$.00
@PHYSICIANS SERVICES	1,863	4,359	\$ 189,130.62	\$ 43.39	.000	\$ 101.52	\$.00
OUTPATIENT VISITS	922	2,873	121,559.90	42.31	.000	131.84	.00
OFFICE VISITS	48	53	715.74	13.50	.000	14.91	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	882	2,810	120,728.98	42.96	.000	136.88	.00
OTHER OUTPATIENT	9	10	115.18	11.52	.000	12.80	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	19	660.85	34.78	.000	165.21	.00
PRINCIPAL SURGEON	1	1	168.65	168.65	.000	168.65	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	18	492.20	27.34	.000	164.07	.00
OUTPATIENT SURGERY	68	126	11,960.09	94.92	.000	175.88	.00
PRINCIPAL SURGEON	67	92	10,941.89	118.93	.000	163.31	.00

ASSISTANT SURGEON	0	0		.00		.000	.00	.00
ANESTHESIOLOGIST	30	34		1,018.20		.000	33.94	.00
DIALYSIS	0	0		.00		.000	.00	.00
PATHOLOGY	445	448		5,930.32		.000	13.33	.00
RADIOLOGY	873	884		48,861.95		.000	55.97	.00
PSYCHIATRY	0	0		.00		.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		117.51		.000	117.51	.00
OTHER SERVICES/ALL X-OVERS	2	8		40.00		.000	20.00	.00
@PHARMACY	689	1,029	\$	22,094.68	\$	.000	32.07	\$.00
PRESCRIPTION DRUGS	662	974		17,518.95		.000	26.46	.00
SNF/ICF	0	0		.00		.000	.00	.00
OUTPATIENTS	662	974		17,518.95		.000	26.46	.00
MEDICAL SUPPLIES	28	55		4,575.73		.000	163.42	.00
@DENTIST	0	0	\$	.00	\$	.000	.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.000	.00	.00
ORAL SURGERY	0	0		.00		.000	.00	.00
DRUGS	0	0		.00		.000	.00	.00
ANESTHESIA	0	0		.00		.000	.00	.00
PERIODONTICS	0	0		.00		.000	.00	.00
ENDODONTICS	0	0		.00		.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.000	.00	.00
PROSTHETICS	0	0		.00		.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,186
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	2	22	\$ 523.11	\$ 23.78	.000	\$ 261.56	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1,761	3,293	\$ 114,075.79	\$ 34.64	.000	\$ 64.78	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,761	3,293	114,075.79	34.64	.000	64.78	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	15	18	759.31	42.18	.000	50.62	.00
PATHOLOGY	1,332	2,388	55,675.93	23.31	.000	41.80	.00
RADIOLOGY	356	364	28,088.99	77.17	.000	78.90	.00
ROOM USE	291	400	13,328.75	33.32	.000	45.80	.00
CROSSOVERS/ALL OTH OUTPTNT	89	123	16,222.81	131.89	.000	182.28	.00
@COUNTY HOSPITAL TOTAL	1,049	1,913	\$ 72,031.26	\$ 37.65	.000	\$ 68.67	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1,049	1,913	72,031.26	37.65	.000	68.67	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	10	13	469.91	36.15	.000	46.99	.00
PATHOLOGY	686	1,135	23,186.69	20.43	.000	33.80	.00
RADIOLOGY	243	249	19,134.24	76.84	.000	78.74	.00
ROOM USE	284	393	13,066.24	33.25	.000	46.01	.00
CROSSOVERS/ALL OTH OUTPTNT	89	123	16,174.18	131.50	.000	181.73	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,187
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	723	1,380	\$	42,044.53	\$ 30.47	.000	\$ 58.15	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	723	1,380		42,044.53	30.47	.000	58.15	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	5	5		289.40	57.88	.000	57.88	.00
PATHOLOGY	651	1,253		32,489.24	25.93	.000	49.91	.00
RADIOLOGY	113	115		8,954.75	77.87	.000	79.25	.00
ROOM USE	7	7		262.51	37.50	.000	37.50	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		48.63	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2,409	5,719	\$	146,676.83	\$	25.65	.000 \$	60.89 \$
PATHOLOGY	2,409	5,719		146,676.83		25.65	.000	60.89
XO AND OTHERS	0	0		.00		.00	.000	.00
@ORGANIZED OUTPATIENT CLINIC	3,580	8,493	\$	874,841.20	\$	103.01	.000 \$	244.37 \$
CLINIC	78	450		17,305.25		38.46	.000	221.86
SURGICENTER	0	0		.00		.00	.000	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00
RURAL HEALTH CLINIC	3,505	8,043		857,535.95		106.62	.000	244.66

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,188
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 MONTEREY COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
						----- MONTHLY AVERAGE -----		

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	309	311	\$	32,417.00	\$ 104.23	.000	\$ 104.91	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	309	311		32,417.00	104.23	.000	104.91	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,189
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

	96 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	19	44	\$	3,753.35	\$ 85.30	.458	\$ 197.54	\$ 39.10
@PHYSICIANS SERVICES	0	0	\$	.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00	
@PHARMACY	17	40	\$	3,663.46	\$ 91.59	.417	\$ 215.50	\$ 38.16	
PRESCRIPTION DRUGS	17	40		3,663.46	91.59	.417	215.50	38.16	
SNF/ICF	0	0		.00	.00	.000	.00	.00	
OUTPATIENTS	17	40		3,663.46	91.59	.417	215.50	38.16	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00	
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	.00	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 8,190
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM								AID CODE
96 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	0	0		.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	2	4	\$	89.89	\$	22.47	.042	\$	44.95	\$	.94
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2	4		89.89		22.47	.042		44.95		.94
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		13.99		13.99	.010		13.99		.15
ROOM USE	2	2		65.90		32.95	.021		32.95		.69
CROSSOVERS/ALL OTH OUTPTNT	1	1		10.00		10.00	.010		10.00		.10
@COUNTY HOSPITAL TOTAL	2	4	\$	89.89	\$	22.47	.042	\$	44.95	\$	.94
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	4		89.89		22.47	.042		44.95		.94
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		13.99		13.99	.010		13.99		.15
ROOM USE	2	2		65.90		32.95	.021		32.95		.69
CROSSOVERS/ALL OTH OUTPTNT	1	1		10.00		10.00	.010		10.00		.10
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										
MOP024	FEE-FOR-SERVICE/DENTAL										
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE										

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96 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
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SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

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96 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,193
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 MONTEREY COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

	2,454 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,528		12,983	\$ 1,671,750.76	\$ 128.76	5.291	\$ 661.29	\$ 681.24
@PHYSICIANS SERVICES	1,187		4,437	\$ 265,450.55	\$ 59.83	1.808	\$ 223.63	\$ 108.17
OUTPATIENT VISITS	509		1,479	60,640.24	41.00	.603	119.14	24.71
OFFICE VISITS	50		59	2,105.29	35.68	.024	42.11	.86
HOME VISITS	0		0	.00	.00	.000	.00	.00
EMERGENCY ROOM	55		60	3,586.16	59.77	.024	65.20	1.46
PREVENTIVE CARE	1		1	47.13	47.13	.000	47.13	.02
OB VISITS/COMPRE PERI	400		1,327	53,772.73	40.52	.541	134.43	21.91
OTHER OUTPATIENT	27		32	1,128.93	35.28	.013	41.81	.46
INPATIENT VISITS	226		502	31,031.41	61.82	.205	137.31	12.65

HOSPITAL VISITS	210	399		18,114.91		45.40	.163	86.26	7.38
CRITICAL CARE	22	103		12,916.50		125.40	.042	587.11	5.26
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	205	422		105,294.90		249.51	.172	513.63	42.91
PRINCIPAL SURGEON	175	177		97,427.28		550.44	.072	556.73	39.70
ASSISTANT SURGEON	13	13		2,126.25		163.56	.005	163.56	.87
ANESTHESIOLOGIST	32	232		5,741.37		24.75	.095	179.42	2.34
OUTPATIENT SURGERY	175	335		30,674.30		91.57	.137	175.28	12.50
PRINCIPAL SURGEON	173	222		27,484.85		123.81	.090	158.87	11.20
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	101	113		3,189.45		28.23	.046	31.58	1.30
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	215	469		4,522.73		9.64	.191	21.04	1.84
RADIOLOGY	388	474		23,523.48		49.63	.193	60.63	9.59
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	169	462		4,401.56		9.53	.188	26.04	1.79
OTHER SERVICES/ALL X-OVERS	161	294		5,361.93		18.24	.120	33.30	2.18
@PHARMACY	446	883	\$	21,385.12	\$	24.22	.360	47.95	8.71
PRESCRIPTION DRUGS	442	860		20,019.32		23.28	.350	45.29	8.16
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	442	860		20,019.32		23.28	.350	45.29	8.16
MEDICAL SUPPLIES	11	23		1,365.80		59.38	.009	124.16	.56
@DENTIST	3	13	\$	25.00	\$	1.92	.005	8.33	.01
VISITS - DIAGNOSTIC	3	11		25.00		2.27	.004	8.33	.01
ORAL SURGERY	1	2		.00		.00	.001	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

	2,454 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00	.00
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	74	81	\$	5,228.38	\$ 64.55	.033	\$ 70.65	\$ 2.13
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,049	4,119	\$	1,158,253.64	\$ 281.20	1.678	\$ 1104.15	\$ 471.99
HOSP INPATIENT TOTAL	228	779		1,080,194.58	1386.64	.317	4737.70	440.18
HSC HOSPITALS	177	543		645,810.66	1189.34	.221	3648.65	263.17
NON-HSC HOSPITAL TOTAL	51	236		434,383.92	1840.61	.096	8517.33	177.01
ACCOMMODATIONS	51	236		178,917.90	758.13	.096	3508.19	72.91
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	51	236		178,917.90	758.13	.096	3508.19	72.91
ANCILLARIES	51	0		255,466.02	.00	.000	5009.14	104.10
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	912	3,340		78,059.06	23.37	1.361	85.59	31.81
MEDICAL	45	62		4,130.38	66.62	.025	91.79	1.68
SURGERY	37	51		1,968.52	38.60	.021	53.20	.80
PATHOLOGY	590	2,029		26,304.45	12.96	.827	44.58	10.72
RADIOLOGY	174	189		12,463.90	65.95	.077	71.63	5.08
ROOM USE	379	589		19,905.98	33.80	.240	52.52	8.11
CROSSOVERS/ALL OTH OUTPTNT	277	420		13,285.83	31.63	.171	47.96	5.41
@COUNTY HOSPITAL TOTAL	658	2,581	\$	506,976.14	\$ 196.43	1.052	\$ 770.48	\$ 206.59
CO HOSPITAL INPATIENT TOTAL	134	377		455,773.11	1208.95	.154	3401.29	185.73
HSC HOSPITALS	134	377		455,773.11	1208.95	.154	3401.29	185.73
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	569	2,204		51,203.03	23.23	.898	89.99	20.87
MEDICAL	8	11		563.33	51.21	.004	70.42	.23
SURGERY	19	26		885.03	34.04	.011	46.58	.36
PATHOLOGY	344	1,334		17,060.65	12.79	.544	49.59	6.95
RADIOLOGY	108	118		7,223.63	61.22	.048	66.89	2.94
ROOM USE	289	452		14,894.76	32.95	.184	51.54	6.07
CROSSOVERS/ALL OTH OUTPTNT	176	263		10,575.63	40.21	.107	60.09	4.31

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

	2,454 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	422	1,538	\$	651,277.50	\$ 423.46	.627	\$ 1543.31	\$ 265.39
COMM HOSP INPATIENT TOTAL	95	402		624,421.47	1553.29	.164	6572.86	254.45
HSC HOSPITALS	44	166		190,037.55	1144.80	.068	4319.04	77.44
NON-HSC HOSPITALS TOTAL	51	236		434,383.92	1840.61	.096	8517.33	177.01
ACCOMMODATIONS	51	236		178,917.90	758.13	.096	3508.19	72.91
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	51	236		178,917.90	758.13	.096	3508.19	72.91
ANCILLARIES	51	0		255,466.02	.00	.000	5009.14	104.10
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	362	1,136		26,856.03	23.64	.463	74.19	10.94
MEDICAL	37	51		3,567.05	69.94	.021	96.41	1.45
SURGERY	18	25		1,083.49	43.34	.010	60.19	.44
PATHOLOGY	255	695		9,243.80	13.30	.283	36.25	3.77
RADIOLOGY	67	71		5,240.27	73.81	.029	78.21	2.14
ROOM USE	94	137		5,011.22	36.58	.056	53.31	2.04
CROSSOVERS/ALL OTH OUTPTNT	103	157		2,710.20	17.26	.064	26.31	1.10
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	235	498	\$	10,610.67	\$ 21.31	.203	\$ 45.15	\$ 4.32
PATHOLOGY	235	498		10,610.67	21.31	.203	45.15	4.32
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	700	2,194	\$	180,205.86	\$ 82.14	.894	\$ 257.44	\$ 73.43
CLINIC	199	810		28,736.15	35.48	.330	144.40	11.71
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	504	1,384		151,469.71	109.44	.564	300.54	61.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 8,196
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R							

----- MONTHLY AVERAGE -----								
2,454 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	190	758	\$ 30,591.54	\$ 40.36	.309	\$ 161.01	\$ 12.47	
DURABLE MED. EQUIP.	6	6	201.00	33.50	.002	33.50	.08	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	16	542	13,507.33	24.92	.221	844.21	5.50	
AMBULANCES/AIR TRANS	16	538	7,882.33	14.65	.219	492.65	3.21	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	4	4	5,625.00	1406.25	.002	1406.25	2.29	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	144	145	12,498.00	86.19	.059	86.79	5.09	

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	21	39	2,719.95	69.74	.016	129.52	1.11
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	13	26	1,665.26	64.05	.011	128.10	.68
PROSTHETICS	3	12	275.88	22.99	.005	91.96	.11
ORTHOTICS	13	14	1,389.38	99.24	.006	106.88	.57
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	12	102	\$ 100,539.66	\$ 985.68	.042	\$ 8378.31	\$ 40.97
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,197
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 74 FOR FUTURE USE		

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00	
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00	
SNF/ICF	0	0		.00	.00	.000	.00	.00	
OUTPATIENTS	0	0		.00	.00	.000	.00	.00	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00	
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	.00	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 8,198
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 74 FOR FUTURE USE								

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 8,199
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 74 FOR FUTURE USE										

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	\$	.000	\$	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	\$	.000	\$	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	\$	.000	\$	\$
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	\$	.000	\$	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	\$	.000	\$	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	\$	.000	\$	\$
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	\$	.000	\$	\$
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

PAGE 8,200 01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$	\$	.000	\$	\$
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,201
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC	AID CODES 6N

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	69	249	\$ 32,535.79	\$ 130.67	124.500	\$ 471.53	\$ 16267.90
@PHYSICIANS SERVICES	10	30	\$ 2,038.28	\$ 67.94	15.000	\$ 203.83	\$ 1019.14
OUTPATIENT VISITS	6	9	402.32	44.70	4.500	67.05	201.16
OFFICE VISITS	4	7	287.97	41.14	3.500	71.99	143.99
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.500	44.60	22.30
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	69.75	69.75	.500	69.75	34.88
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	9	790.60	87.84	4.500	790.60	395.30
PRINCIPAL SURGEON	1	3	662.75	220.92	1.500	662.75	331.38
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6	127.85	21.31	3.000	127.85	63.93
OUTPATIENT SURGERY	2	4	327.00	81.75	2.000	163.50	163.50
PRINCIPAL SURGEON	1	1	91.55	91.55	.500	91.55	45.78

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3		235.45	78.48	1.500	235.45	117.73
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	2	2		23.94	11.97	1.000	11.97	11.97
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	6		494.42	82.40	3.000	247.21	247.21
@PHARMACY	15	28	\$	18,262.16	\$ 652.22	14.000	\$ 1217.48	\$ 9131.08
PRESCRIPTION DRUGS	15	28		18,262.16	652.22	14.000	1217.48	9131.08
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	15	28		18,262.16	652.22	14.000	1217.48	9131.08
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	25	136	\$	5,483.00	\$ 40.32	68.000	\$ 219.32	\$ 2741.50
VISITS - DIAGNOSTIC	19	83		1,011.00	12.18	41.500	53.21	505.50
ORAL SURGERY	2	1		90.00	90.00	.500	45.00	45.00
DRUGS	7	7		150.00	21.43	3.500	21.43	75.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	3	6		874.00	145.67	3.000	291.33	437.00
RESTORATIVE DENTISTRY	13	38		3,358.00	88.37	19.000	258.31	1679.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	1		.00	.00	.500	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,202
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	6	26	\$ 5,264.94	\$ 202.50	13.000	\$ 877.49	\$ 2632.47	
HOSP INPATIENT TOTAL	1	2	1,900.00	950.00	1.000	1900.00	950.00	
HSC HOSPITALS	1	2	1,900.00	950.00	1.000	1900.00	950.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	24	3,364.94	140.21	12.000	672.99	1682.47
MEDICAL	2	2	162.59	81.30	1.000	81.30	81.30
SURGERY	0	0	7.86	.00	.000	.00	3.93
PATHOLOGY	1	5	57.56	11.51	2.500	57.56	28.78
RADIOLOGY	3	7	2,768.38	395.48	3.500	922.79	1384.19
ROOM USE	4	5	314.20	62.84	2.500	78.55	157.10
CROSSOVERS/ALL OTH OUTPTNT	2	5	54.35	10.87	2.500	27.18	27.18
@COUNTY HOSPITAL TOTAL	2	9	\$ 2,632.32	\$ 292.48	4.500	\$ 1316.16	\$ 1316.16
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	9	2,632.32	292.48	4.500	1316.16	1316.16
MEDICAL	0	0	9.30	.00	.000	.00	4.65
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	6	2,531.28	421.88	3.000	1265.64	1265.64
ROOM USE	1	1	65.11	65.11	.500	65.11	32.56
CROSSOVERS/ALL OTH OUTPTNT	1	2	26.63	13.32	1.000	26.63	13.32
#CALIF DEPT OF HEALTH SERV							

02 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	4	17	\$ 2,632.62	\$ 154.86	8.500	\$ 658.16	\$ 1316.31	
COMM HOSP INPATIENT TOTAL	1	2	1,900.00	950.00	1.000	1900.00	950.00	
HSC HOSPITALS	1	2	1,900.00	950.00	1.000	1900.00	950.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	3	15	732.62	48.84	7.500	244.21	366.31	
MEDICAL	2	2	153.29	76.65	1.000	76.65	76.65	
SURGERY	0	0	7.86	.00	.000	.00	3.93	
PATHOLOGY	1	5	57.56	11.51	2.500	57.56	28.78	
RADIOLOGY	1	1	237.10	237.10	.500	237.10	118.55	
ROOM USE	3	4	249.09	62.27	2.000	83.03	124.55	
CROSSOVERS/ALL OTH OUTPTNT	1	3	27.72	9.24	1.500	27.72	13.86	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00	
@LABORATORY FACILITY	1	4	\$ 29.89	\$ 7.47	2.000	\$ 29.89	\$ 14.95	
PATHOLOGY	1	4	29.89	7.47	2.000	29.89	14.95	
XO AND OTHERS	0	0	.00	.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	13	16	\$ 1,369.25	\$ 85.58	8.000	\$ 105.33	\$ 684.63	
CLINIC	0	0	.00	.00	.000	.00	.00	
SURGICENTER	0	0	.00	.00	.000	.00	.00	
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00	
RURAL HEALTH CLINIC	13	16	1,369.25	85.58	8.000	105.33	684.63	

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	5	9	\$	88.27	\$ 9.81	4.500	\$ 17.65	\$ 44.14
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	2	3		39.12	13.04	1.500	19.56	19.56
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	3	6		49.15	8.19	3.000	16.38	24.58
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	25	60	\$	24,749.33	\$ 412.49	30.000	\$ 989.97	\$ 12374.67
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

152,224 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	167,937	793,277	\$ 59,743,413.51	\$ 75.31	5.211	\$ 355.75	\$ 392.47
@PHYSICIANS SERVICES	22,208	69,886	\$ 5,053,003.69	\$ 72.30	.459	\$ 227.53	\$ 33.19
OUTPATIENT VISITS	9,944	21,704	897,098.28	41.33	.143	90.22	5.89
OFFICE VISITS	1,663	2,014	87,734.96	43.56	.013	52.76	.58
HOME VISITS	17	17	747.88	43.99	.000	43.99	.00
EMERGENCY ROOM	2,929	3,208	182,857.96	57.00	.021	62.43	1.20
PREVENTIVE CARE	20	20	862.75	43.14	.000	43.14	.01
OB VISITS/COMPRE PERI	4,802	15,206	576,902.66	37.94	.100	120.14	3.79
OTHER OUTPATIENT	1,007	1,239	47,992.07	38.73	.008	47.66	.32
INPATIENT VISITS	4,189	13,416	1,078,881.96	80.42	.088	257.55	7.09
HOSPITAL VISITS	3,744	9,472	460,397.99	48.61	.062	122.97	3.02
CRITICAL CARE	684	3,935	618,205.67	157.10	.026	903.81	4.06
SNF/ICF/TRANS IP CARE	9	9	278.30	30.92	.000	30.92	.00
OPHTHALMOLOGICAL SERVICES	79	111	6,137.10	55.29	.001	77.68	.04
EXAMINATIONS	79	111	6,137.10	55.29	.001	77.68	.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	3,435	9,756		1,801,940.98	184.70	.064	524.58	11.84
PRINCIPAL SURGEON	2,794	3,054		1,589,530.45	520.47	.020	568.91	10.44
ASSISTANT SURGEON	219	220		37,592.62	170.88	.001	171.66	.25
ANESTHESIOLOGIST	770	6,482		174,817.91	26.97	.043	227.04	1.15
OUTPATIENT SURGERY	1,532	3,481		275,291.57	79.08	.023	179.69	1.81
PRINCIPAL SURGEON	1,344	1,760		221,854.24	126.05	.012	165.07	1.46
ASSISTANT SURGEON	2	2		357.60	178.80	.000	178.80	.00
ANESTHESIOLOGIST	541	1,719		53,079.73	30.88	.011	98.11	.35
DIALYSIS	65	208		19,915.99	95.75	.001	306.40	.13
PATHOLOGY	2,587	4,704		71,517.65	15.20	.031	27.65	.47
RADIOLOGY	6,820	9,153		337,437.36	36.87	.060	49.48	2.22
PSYCHIATRY	1	3		130.26	43.42	.000	130.26	.00
IMMUNIZATION AND INJECTION	506	1,439		18,089.97	12.57	.009	35.75	.12
OTHER SERVICES/ALL X-OVERS	2,945	5,911		546,562.57	92.47	.039	185.59	3.59
@PHARMACY	26,785	101,052	\$	8,139,844.10	\$ 80.55	.664	\$ 303.90	\$ 53.47
PRESCRIPTION DRUGS	26,092	54,451		6,520,829.01	119.76	.358	249.92	42.84
SNF/ICF	1,881	4,211		597,033.52	141.78	.028	317.40	3.92
OUTPATIENTS	24,264	50,240		5,923,795.49	117.91	.330	244.14	38.91
MEDICAL SUPPLIES	1,698	46,601		1,619,015.09	34.74	.306	953.48	10.64
@DENTIST	37,198	201,958	\$	6,616,684.84	\$ 32.76	1.327	\$ 177.88	\$ 43.47
VISITS - DIAGNOSTIC	26,694	126,613		1,588,339.02	12.54	.832	59.50	10.43
ORAL SURGERY	4,995	10,903		616,850.21	56.58	.072	123.49	4.05
DRUGS	4,697	5,278		119,543.33	22.65	.035	25.45	.79
ANESTHESIA	462	488		42,299.85	86.68	.003	91.56	.28
PERIODONTICS	1,353	1,420		229,600.30	161.69	.009	169.70	1.51
ENDODONTICS	3,291	6,434		698,275.24	108.53	.042	212.18	4.59
RESTORATIVE DENTISTRY	13,867	45,206		2,705,277.97	59.84	.297	195.09	17.77
PROSTHETICS	124	135		3,215.00	23.81	.001	25.93	.02
DENTURES, STAYPLATES	1,157	3,474		466,715.26	134.35	.023	403.38	3.07
SPACE MAINTAINERS	283	337		35,904.11	106.54	.002	126.87	.24
MAXILLOFACIAL SERVICES	94	106		5,243.23	49.46	.001	55.78	.03
FRACTURES, DISLOCATIONS	5	7		4,743.75	677.68	.000	948.75	.03
ORTHODONTIC SERVICES	936	1,151		99,697.57	86.62	.008	106.51	.65
ALL OTHER SERVICES	362	406		980.00	2.41	.003	2.71	.01

#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

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152,224 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	21	55	\$ 1,242.08	\$ 22.58	.000	\$ 59.15	\$.01
DIAGNOSTIC AND ANC. PROCED	11	11	459.64	41.79	.000	41.79	.00
EYE APPLIANCES	16	42	685.27	16.32	.000	42.83	.00
OTHER OPTOMETRIC SERVICES	2	2	97.17	48.59	.000	48.59	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	39	131	\$ 3,112.29	\$ 23.76	.001	\$ 79.80	\$.02
MEDICINE/INJECTIONS	12	24	1,041.63	43.40	.000	86.80	.01
SURGERY/ANES.	1	1	47.54	47.54	.000	47.54	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	26	106	2,023.12	19.09	.001	77.81	.01
@HOME HEALTH AGENCY	1,344	7,472	\$ 304,884.30	\$ 40.80	.049	\$ 226.85	\$ 2.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	2	22	\$ 523.11	\$ 23.78	.000	\$ 261.56	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00

FAMILY NURSE PRACTITIONER	1	1	\$	2.60	\$	2.60	.000	\$	2.60	\$	.00
@TOTAL HOSPITAL	22,153	87,950	\$	25,299,377.89	\$	287.66	.578	\$	1142.03	\$	166.20
HOSP INPATIENT TOTAL	4,144	17,589		23,192,504.28		1318.58	.116		5596.65		152.36
HSC HOSPITALS	3,173	12,971		16,632,760.86		1282.30	.085		5241.97		109.27
NON-HSC HOSPITAL TOTAL	804	3,303		6,402,041.59		1938.25	.022		7962.74		42.06
ACCOMMODATIONS	796	3,303		2,370,691.64		717.74	.022		2978.26		15.57
ADMINISTRATIVE DAYS	4	19		2,074.16		109.17	.000		518.54		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	792	3,284		2,368,617.48		721.26	.022		2990.68		15.56
ANCILLARIES	804	0		4,031,349.95		.00	.000		5014.12		26.48
INPATIENT CROSSOVERS	179	1,315		157,701.83		119.93	.009		881.02		1.04
ALL OTHER INPATIENT	2	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	19,407	70,361		2,106,873.61		29.94	.462		108.56		13.84
MEDICAL	1,394	2,254		233,943.76		103.79	.015		167.82		1.54
SURGERY	763	932		46,325.59		49.71	.006		60.72		.30
PATHOLOGY	11,206	37,193		469,619.47		12.63	.244		41.91		3.09
RADIOLOGY	4,213	5,054		431,172.21		85.31	.033		102.34		2.83
ROOM USE	8,723	13,289		478,493.82		36.01	.087		54.85		3.14
CROSSOVERS/ALL OTH OUTPTNT	5,591	11,639		447,318.76		38.43	.076		80.01		2.94
@COUNTY HOSPITAL TOTAL	13,076	46,403	\$	10,214,439.04	\$	220.12	.305	\$	781.16	\$	67.10
CO HOSPITAL INPATIENT TOTAL	2,499	8,193		9,267,786.71		1131.18	.054		3708.60		60.88
HSC HOSPITALS	2,455	7,680		9,219,511.28		1200.46	.050		3755.40		60.57
NON-HSC HOSPITALS TOTAL	3	17		6,899.53		405.85	.000		2299.84		.05
ACCOMMODATIONS	3	17		3,545.49		208.56	.000		1181.83		.02
ADMINISTRATIVE DAYS	3	17		3,545.49		208.56	.000		1181.83		.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	3	0		3,354.04		.00	.000		1118.01		.02
INPATIENT CROSSOVERS	43	496		41,375.90		83.42	.003		962.23		.27
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	11,376	38,210		946,652.33		24.77	.251		83.21		6.22
MEDICAL	369	473		21,427.67		45.30	.003		58.07		.14
SURGERY	344	423		15,594.80		36.87	.003		45.33		.10
PATHOLOGY	6,109	19,747		241,169.09		12.21	.130		39.48		1.58
RADIOLOGY	2,245	2,537		166,924.95		65.80	.017		74.35		1.10
ROOM USE	6,135	9,607		331,039.82		34.46	.063		53.96		2.17
CROSSOVERS/ALL OTH OUTPTNT	3,432	5,423		170,496.00		31.44	.036		49.68		1.12
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MONTEREY COUNTY	SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED										

						----- MONTHLY AVERAGE -----		
152,224 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	9,507	41,547	\$ 15,084,938.85	\$ 363.08	.273	\$ 1586.72	\$ 99.10	
COMM HOSP INPATIENT TOTAL	1,668	9,396	13,924,717.57	1481.98	.062	8348.15	91.48	
HSC HOSPITALS	738	5,291	7,413,249.58	1401.11	.035	10045.05	48.70	
NON-HSC HOSPITALS TOTAL	801	3,286	6,395,142.06	1946.18	.022	7983.95	42.01	
ACCOMMODATIONS	793	3,286	2,367,146.15	720.37	.022	2985.05	15.55	
ADMINISTRATIVE DAYS	1	2	1,471.33CR	735.67CR	.000	1471.33CR	.01CR	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	792	3,284	2,368,617.48	721.26	.022	2990.68	15.56	
ANCILLARIES	801	0	4,027,995.91	.00	.000	5028.71	26.46	
INPATIENT CROSSOVERS	136	819	116,325.93	142.03	.005	855.34	.76	
ALL OTHER INPATIENT	2	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	8,325	32,151	1,160,221.28	36.09	.211	139.37	7.62	
MEDICAL	1,029	1,781	212,516.09	119.32	.012	206.53	1.40	

SURGERY	419	509		30,730.79		60.37	.003	73.34		.20
PATHOLOGY	5,181	17,446		228,450.38		13.09	.115	44.09		1.50
RADIOLOGY	1,977	2,517		264,247.26		104.99	.017	133.66		1.74
ROOM USE	2,646	3,682		147,454.00		40.05	.024	55.73		.97
CROSSOVERS/ALL OTH OUTPTNT	2,196	6,216		276,822.76		44.53	.041	126.06		1.82
@STATE HOSPITAL	11	354	\$	200,755.68	\$	567.11	.002	\$ 18250.52	\$	1.32
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	11	354		200,755.68		567.11	.002	18250.52		1.32
@NURSING FACILITY	35	897	\$	150,521.64	\$	167.81	.006	\$ 4300.62	\$	.99
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	35	897		150,521.64		167.81	.006	4300.62		.99
@INTERMEDIATE CARE FACIL.-DD	1	31	\$	4,595.17	\$	148.23	.000	\$ 4595.17	\$	.03
ICF DDH	1	31		4,595.17		148.23	.000	4595.17		.03
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	104	5,394	\$	345,870.14	\$	64.12	.035	\$ 3325.67	\$	2.27
HOSPITAL BASED	5	203		78,231.34		385.38	.001	15646.27		.51
HEMODIALYSIS CENTER	99	5,191		267,638.80		51.56	.034	2703.42		1.76
@REHABILITATION FACILITY	123	1,111	\$	28,751.74	\$	25.88	.007	\$ 233.75	\$	.19
HOSPITAL BASED	81	176		17,140.84		97.39	.001	211.62		.11
INDEPENDENT FACILITY	43	935		11,610.90		12.42	.006	270.02		.08
@LABORATORY FACILITY	7,187	15,959	\$	370,449.46	\$	23.21	.105	\$ 51.54	\$	2.43
PATHOLOGY	7,185	15,960		370,365.28		23.21	.105	51.55		2.43
XO AND OTHERS	2	1CR		84.18		84.18CR	.000	42.09		.00
@ORGANIZED OUTPATIENT CLINIC	68,955	122,419	\$	10,337,519.98	\$	84.44	.804	\$ 149.92	\$	67.91
CLINIC	1,139	4,799		145,245.52		30.27	.032	127.52		.95
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	10	167		1,928.44		11.55	.001	192.84		.01

RURAL HEALTH CLINIC
 #CALIF DEPT OF HEALTH SERV
 MOP024
 MONTEREY COUNTY

67,831 117,453 10,190,346.02
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
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 SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

86.76 .772 150.23 66.94
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	152,224 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	18,823	178,585	\$	2,886,274.80	\$ 16.16	1.173	\$ 153.34	\$ 18.96
DURABLE MED. EQUIP.	502	2,204		435,443.25	197.57	.014	867.42	2.86
BLOOD BANK	1	140		420.00	3.00	.001	420.00	.00
HEARING AID DISPENSERS	125	504		51,959.49	103.09	.003	415.68	.34
MEDICAL TRANSPORTATION	360	10,933		205,726.32	18.82	.072	571.46	1.35
AMBULANCES/AIR TRANS	342	10,754		128,664.10	11.96	.071	376.21	.85
OTHER TRANS	2	20		91.40	4.57	.000	45.70	.00
OTHER SERVICES	60	159		76,970.82	484.09	.001	1282.85	.51
ACUPUNCTURE	3	13		221.67	17.05	.000	73.89	.00
ADULT DAY HEALTH CARE CTR	208	3,357		220,499.68	65.68	.022	1060.09	1.45
GENETIC DISEASE TESTING	3,348	3,370		290,625.25	86.24	.022	86.81	1.91
IHMC,MODEL-NF,NF,AIDS,MSSP	1,540	15,193		860,059.95	56.61	.100	558.48	5.65
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	5,838	12,488		133,991.45	10.73	.082	22.95	.88
PHYSICAL THERAPIST	740	1,896		115,673.71	61.01	.012	156.32	.76
PORTABLE X-RAY	3	5		116.24	23.25	.000	38.75	.00
PROSTHETIST/ORTHOTISTS	305	1,207		131,595.03	109.03	.008	431.46	.86
PROSTHETICS	170	1,022		113,420.50	110.98	.007	667.18	.75
ORTHOTICS	173	185		18,174.53	98.24	.001	105.06	.12
PSYCHOLOGIST	29	91		5,697.81	62.61	.001	196.48	.04
SPEECH AND AUDIOLOGY	34	98		13,573.59	138.51	.001	399.22	.09
HOSPICE SERVICES	1	30		3,142.80	104.76	.000	3142.80	.02
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5,909	28,338		243,757.01	8.60	.186	41.25	1.60
EPSDT SUPPLEMENTAL SERVICE	28	4,372		145,923.80	33.38	.029	5211.56	.96
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	193	94,346		27,847.75	.30	.620	144.29	.18
@CALIF. CHILDREN SERVICES*	6,399	158,143	\$	14,003,132.30	\$ 88.55	1.039	\$ 2188.33	\$ 91.99
@XOVER EXCLUDING STATE HOSP**	612	5,017	\$	284,878.65	\$ 56.78	.033	\$ 465.49	\$ 1.87

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.